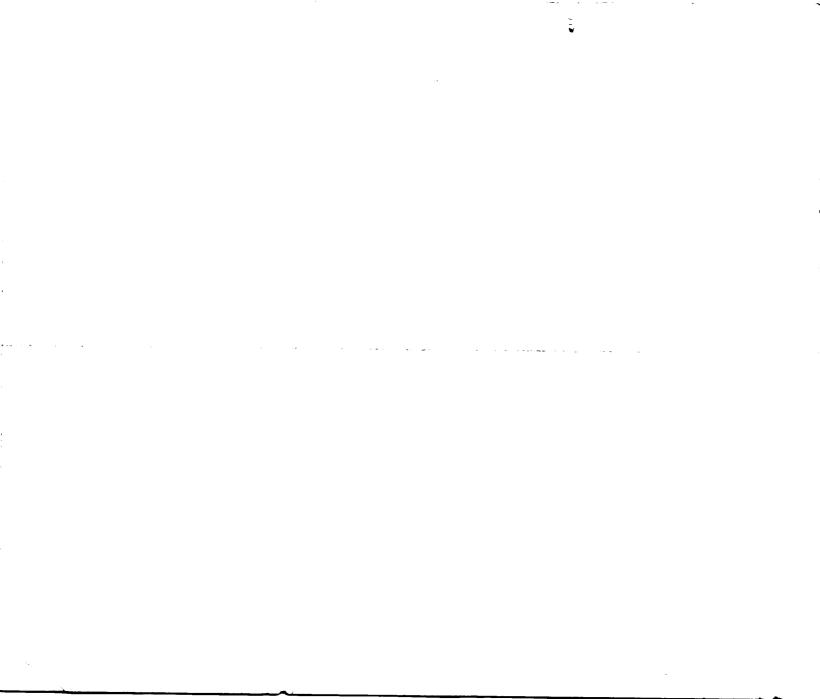
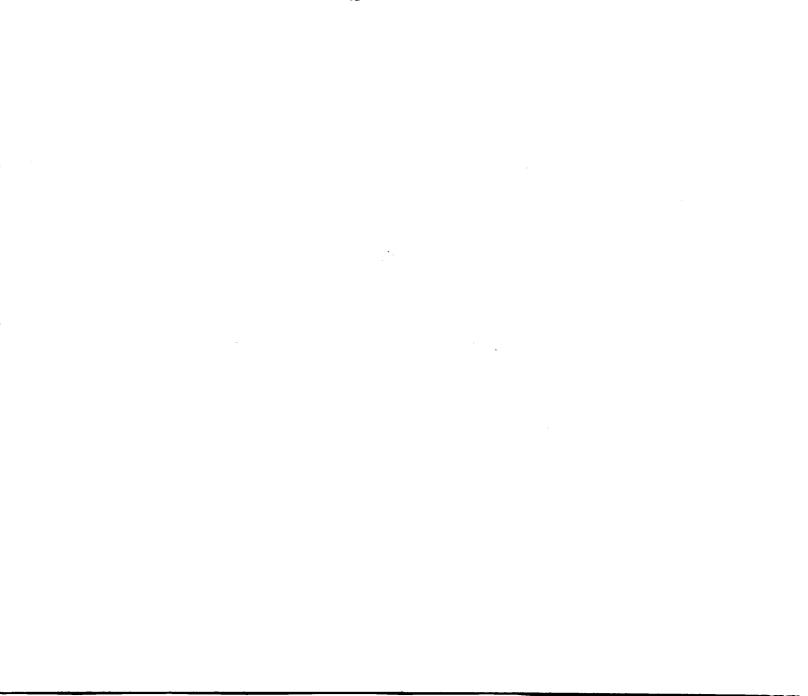
RECLIVED			001
PHS-797(VS) (1949 Revision of	Standard Certificate)	State File !	No
PUBLIC HEALTH SERVICE	OF STILLBIRTH	Local Reg.	
Division of Vital Statistics State of		Reg. Dist. 1	No. 370
1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE	OF MOTHER (Where	does mother live?)
a. COUNTY Ada	a. STATE INPho	b. COUNTY	Ada,
b. CITY (If outside corporate limits, write RURAL and give township)	c. CITY (If outside corporate I	limits, write RURAL and give	
town Boise	OR TOWN	Boise.	•
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION  37. Luics	d. STREET ADDRESS 2720	rural, give location)	l).
3. CHILD'S NAME ((Type or Print)			
4. SEX   5a. THIS BIRTH   5b. IF T	WIN OR TRIPLET (This child born	6. DATE OF (Monti	/
7. FATHER'S a. (First) b. (Midd NAME Fred RUSKIN	Andrew	c. (Last)	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF	BUSINESS OR INDUSTRY
23 YEARS Boise Ideko.	Parts Me	and Bois	e Auto Co.
2. MOTHER'S  MAIDEN NAME  8. (First)  DOTA  DOTA	' / -	SSMON	13. COLOR OR RACE
4. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY I		Do NOT include this child)
20 YEARS ROBWELL Ideks	a. How many chilb. Ho dren are now living? born a	ow many children were alive but are now dead?	c. How many OTHER children were stillborn
Fred. R. Andrews. Jr.	(		(born dead after 2° weeks pregnancy)?
8a. LENGTH OF PREGNANCY WEEKS  18b. WEIGHT AT BIRTH 19 Was a standard Approximate da	serological test for sy te	philis performed?	YesX No
CAUSE OF STILLBIRTH 20a. FETALCAUSES	Autopsy to	be berton	med - 36.6
ausing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES  // A Centul	Ischemia	· -	
II. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS	FOR DELIVERY	pair
I hereby certify that I 23a. ATTENDAM'S SIGNATURE attended the birth of this shild who was born dead	(Specify if M, D., midy	wife, or other)	23b. DATE SIGNED /- 2-54
on the date stated above 23c. ATT BANT'S ADDRESS 1st	If NOT 24. SIGNATURE Of attended by physician	F AUTHORIZED OFFICIAL	TITLE
5a. BURIAL, CREMA- TION REMOVAL (Specify) 25b. DATE 25c. NAME OF CENTETER	Y OR CREMATORY 25d. L	OCATION (Sity, town, or o	ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Palmer  1-8-54  REGISTRAR'S SIGNATURE Palmer	26. FUNDAL DIRECTOR	he Carter to	D. Boise
	()		



PHS-797(VS) 4-48	R	ECEIV	E Q 49 Revision o	f Standard Certificat	e)	State File	No	000
FEDERAL SECUR	TTY AGE	FFB 5 - 19	<b>SERTIFICATE</b>	OF STILLBII	RTH	Local Reg	. No2	
		ision of Vital S	State	of Idaho		Reg. Dist.	No. 370	*******
1. PLACE OF S				2 USUAL RESID	DENCE OF MO	THER (Where	does mother live!	")
a. COUNTY	d <del>a</del>			a. STATE T	daho	b. COUNTY	Ada	
b. CITY (If outside		mite, write RURAL and	i give township)	c. CITY (If outside o		RURAL and give		
OR TOWN	Roise			_OK _	ise			
c. FULL NAME O		hoepital or institution.	rive street address or location)	d. STREET	(If rural, give lo	ention)		
HOSPITAL OR INSTITUTION				ADDRESS				
3. CHILD'S NA	ME	St. Luker			<u>710 N. 29</u>	tn_		·
(Type or Print		Towns						
4. SEX	5a. THIS I	Lamaie [			1			
4. SEA			<u>~</u> !	TWIN OR TRIPLET (This	child born) 6. DAT	TEOF (Mont LLBIRTH	th) (Day)	(Year)
<u> Vale</u>	SINGLE		TRIPLET   1ST	2ND	3RD L	Jan	21	1954
7. FATHER'S NAME		a. (First)	b. (Mic	idle)	c. (Last)		8. COLOR OR	RACE
		William	Н.		Dunn		White	
9. AGE (At time of the	his birth)	10. BIRTHPLACE (	State or foreign country)	11a. USUAL OCCUPA	NOIT	11b. KIND OF	BUSINESS OR	INDUSTRY
22	YEARS	Boise	[daho	Mechanic		Garas	ze	
12. MÕTHER'S MAIDEN		a. (First)	b. (Mie		c. (Last)		13. COLOR OF	RACE
NAME		Robbie	Jear	•	Dawson		White	
14. AGE (At time of the	nie birth)	15. BIRTHPLACE	State or foreign country)	16. CHILDREN PREVI		THIS MOTHER (		this child)
19	YEARS	Blackfoo	ot, Idaho	a. How many chil- dren are now living?	b. How many	children were	c. How many	OTHER
17 INFORMANT	г			=   gren are now name.	born alive but a	re now dead?	children were (born dead afte	stuidorn r 20 weeks
Masin	e N	ins	ou				pregnancy)?	
18a. LENGTH OF PE	REG-   18b.	WEIGHT ATUBIRTH	1 19 xx/og o standon	i serological test	lan ambilia m		37	
NA WEEKS	NCY	LBS. 7 ozs.	Approximate d	a serological test :	tor sypnius p	eriorined?	1 es	No
		20a. FETAL CAUSE	<u> </u>	4-	7			9.6
CAUSE OF STILE	annditions		None Al	Wrune	אה		حب.	7,6
causing fetal death	(do NOT	20b. MATERNAL C	AUSTS	1				<del> </del>
Prematurity, Asphy:	xia, etc.)		hone by	Strume	A.			
21. STATE ANY COM	APLICATION	IS OF PREGNANCY	AND LABOR	22. STATE JUL OPER	ATIONS FOR DEL	IVERY		
R	ORE			1 kld	lay of	scott	ry.	
I hereby certif		23a. ATTENDA	NT'S SIGNATURE	(Specify if M.)	D., midwife or oth	er)	28b. DATE SIG	NED
attended the birti child who was be		:	161	uil.	·	-	・ノーン、	بو کے سے
on the date state		23c. ATTENDANT'S	ADDRESS		TURE OF AUTHO	RIZED OFFICIA	L.	TITLE
at	m.			attended by physician				
25a. BURIAL, CREI	M A- 25b.	DATE	25c. NAME OF CEMETE	RY OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
Rurial		an. 23 195	Cloverdale		Bois	e. Idah	•	
DATE REC'D BY LO	CAL REG	STRAR'S SIGNATU		26. FUNERAL DIRECT			DRESS	
1-27-54	REG. 7	Nextlo	talmes)	Schreiber	ioCann_Cit	.som1	Roise	
		7		CHIPCTHOL	· VO			
- <del> </del>		<b>T</b>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	James &	- Jule	<u>~</u>	

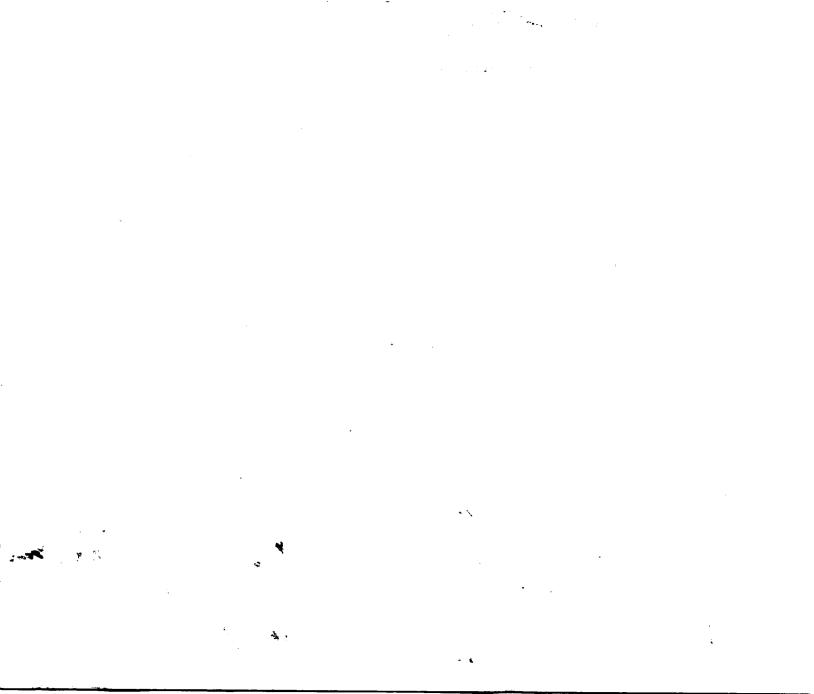


PHS-797(VS)	TECHIVE!	(19/9 Revision of	Standard Certificate	e)	State File	No. GOS	.4.0
PUBLIC HEALTH SERVICE	AGENEE 201954 C	ERTIFICATE tics State of	OF STILLBIF Idaho	RTH	Local Reg. Reg. Dist.	No. 5/0	
1. PLACE OF STILL a. COUNTY Bann	BIRTH	,	2. USUAL RESID a. STATE	ence of mo	THER (Where	does mother live?) Bannock	=
OR	orate limits, write RURAL and gi	ve township)	c. CiTY (If outside of OR TOWN	orporate limits, write	RURAL and give		
HOSPITAL OR	not in hospital or institution, give	· ·	d. STREET	(If rural, give loo 52 Cedar	cation)		
3. CHILD'S NAME ((Type or Print)	LIN	DA JUNE NANSO	ON				=
	THIS BIRTH	TRIPLET 1ST	WIN OR TRIPLET (This c	hild born) 6. DAT STIL	LBIRTH _	th) (Day) (Year)	<u>,</u>
7. FATHER'S NAME	a. (First) Lonald	b. (Midd	le)	c. (Last) Nanson		8. COLOR OR RACE White	=
	ARS Focatello,	e or foreign country)  Idaho	11a. USUAL OCCUPAT			BUSINESS OR INDUSTR	RY
12. MOTHER'S MAIDEN NAME	a. (First) Katherine	b. (Midd June	·	c. (Last) Clark		13. COLOR OR RACE White	=
14. AGE (At time of this birth	ars Paul Idah	e or foreign country)				Do NOT include this chil	
17. INFORMANT Katherine			_			c. How many OTHE children were stillbor (born dead after 20 week pregnancy)?	n ts
18a. LENGTH OF PREGNANCY		Nother  19 Was a standard Approximate date	one serological test f	Non or syphilis pe		None Yes X No	= }
CAUSE OF STILLBIR State only morbid condit causing fetal death (do N use such terms as Stillbi Prematurity, Asphyxia, etc	TH 20a. FETAL CAUSES IONS 10T 10T 120b. MATERNAL CAU	_	veals ?	uc Ca	unl	. 59	- - -
21. STATE ANY COMPLICA	ATIONS OF PREGNANCY AN	D LABOR	22. STATE ALL OPERA	TIONS FOR DELI	VERY		_
I hereby certify tha attended the birth of t child who was born do	his Verr	utoffe	Ruard	o., midwife, or other	0	23b. DATE SIGNED 1-16-5-4	_
on the date stated ab	. beitale	pocee.	attended by physician	TURE OF AUTHOR			_
<del></del>	Jan.14, 54	Mountainvi	Lew	25d. LOCATION (Pocat	City, town, or o	Idaho	
FEB 1 () 1994	Eva M.	Wallin	26. FUNERAL DIRECTO			Pocatelio,	Id.
	t		by Beiler A	noth	·····		=

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PHS-797(VS) 4-48 FEDERAL SECUR					Standard Certificate OF STILLBIF		State File Local Reg		004
PUBLIC HEALTH SE	BVICE		)4 S	tate of	Idaho		Reg. Dist.	No6.6	<u></u>
1. PLACE OF S	TILLBIRT	pion of Vital S	tationes.		2. USUAL RESID	ENCE OF MO	THER (Where	does mother liv	e?)
a. COUNTY Bi	ngham				a STATE	aho	6 COUNTY	Bingham	***
b. CITY (If outside		ite, write RURAL and	give township)		c. CITY (If outside of		<del></del>		
OR TOWN 131	ackfoo	<b>t</b>			I _OR	lackfoot		•	
c. FULL NAME O	F (If not in ho	epital or institution, giv	e street address or i	ocation)	d. STREET	(If rural, give lo	cation)		
HOSPITAL OR INSTITUTION	Ringha	n Memorial	Hospital		ADDRESS 2	95 Robert	•		
3. CHILD'S NA ((Type or Print	ME	OT NAMED	11001/11001	<u> </u>	<u> </u>	22 110001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	
4. SEX	5a. THIS BI		· .	5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DA	TE OF (Mont	th) (Day)	(Year)
Male	SINGLE X		TRIPLET	1ST [	7 7	3RD STI	цвіктн January	9.	195և
7. FATHER'S		a. (First)		b. (Midd		c. (Last)		8. COLOR O	
NAME		Harold		Dian	ward	Mangu	ım	Whi	te
9. AGE (At time of the	his birth)	10. BIRTHPLACE (Se	ate or foreign count		11a. USUAL OCCUPAT		11b. KIND OF		
2),	YEARS	Blackfoo	t. Idaho		Warrant Of	ficer	Natio	onal Gua	m
12. MOTHER'S		a. (First)	U THOMA	b. (Midd		c. (Last)	1100010	13. COLOR C	
MAIDEN NAME		Margaret				<b>H</b> •11		Whit	- A
14. AGE (At time of the	his birth)	15. BIRTHPLACE (S	tate or foreign count	ry)	16. CHILDREN PREVIO		THIS MOTHER (		
20	YEARS	Soda S	nrings. 1	[da.	a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How man children we	y OTHER
17. INFORMAN	T	. /			dien are now itams:	DOIN MIVE DAL A	16 HOW dead?	(born dead at pregnancy)?	ter 20 weeks
L mmo.	Hara	ld moan	gum No	ther	One	Nor	ie	Nor	ne
18a. LENGTH OF PE	REG- 18b. V	VEIGHT AT BIRTH	<sup>J9</sup> Was a st	andard	serological test	or syphilis p	erformed?	Yes X	No
3) WEEKS		LBS. ? OZS.	Approxin	nate da	te June				· · · · · · · · · · · · · · · · · · ·
CAUSE OF STIL	LBIRTH	20a. FETAL CAUSES				_			36,1
State only morbid	conditions (do NOT		Fetal		moxia	due 1	<u> </u>		
causing fetal death use such terms as Prematurity, Asphy	Stillbirth, xia, etc.)	20b. MATERNAL CA	USES	,		,			
			lacent	a p		entrali			
21. STATE ANY COM	MPLICATIONS	OF PREGNANCY A	AND LABOR		22. STATE ALL OPER	ATIONS FOR DEL	IVERY		
I hereby certif	y with I	23a. ATTENDAN	IT'S SIGNAT	URE	(Specify if M. )	D., midwife, or otl	er)	23b. DATE SI	GNED
attended the birt child who was be		-ter	Taba	sk	i. m.	<i>y.</i>		Jan.	11. 1951
on the date state	ed above	23c. ATTENDANT'S	ADDRESS		If NOT 24. SIGNA	TURE OF AUTHO	RIZED OFFICIA	L	TITLE
at 11:00	a om.	Blackfoot	• Idaho		physician				
25a. BURIAL, CRE TION, REMOVAL (Spe	acify)		i	CEMETERY	OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
Crematio	n Ja	n <u>o 9 o 1954</u>	Binghar	n Memo	orial Hospit	al Blac	kfoot,	Idaho	
DATE REC'D BY LC	CAL REGIS	TRAR'S SIGNATUR	£ 6	<i>_</i>	26. FUNERAL DIRECT	OR //	/ LAD	DRESS	/
Jan.11-19	24/11	4 Tealco	26.tal	uie	(Acting)	11/7	1/1/90	ek/	·
		-	1						



PHS-797(VS)		CEIVE	114/4 Rom	ision of	Standard Certificat	۵۱	Steel Till		200
4-48 FEDERAL SECUR	ITY AGE	By1 - 1954	CERTIFIC	ATE	OF STILLBIF	e) RTH	State File Local Res		73
PUBLIC REALIR SE	Division	n of Vital Statist	ics S	tate of	Idaho		Reg. Dist.		00
1. PLACE OF S	-				2. USUAL RESID	ENCE OF MO	OTHER (Where	e does mother live	7)
B	inghar		······································	· .	a. STATE Ida		b. COUNTY ]		
OR	corporate li	imits, write RURAL and	give township)		C. CITY (If outside of			township)	
c. FULL NAME O		hospital or institution, give	ve atroet address or l	onation)	TOWN	Pocatell		<del></del>	
		am Memorial			d. STREET ADDRESS	7 Wayne S			
3. CHILD'S NA				D = =		1			
4. SEX		Baby		Da. v					
Male	5a. THIS SINGLE		. 🗆	! [-	WIN OR TRIPLET (This o	STI	LLBIRTH_		(Year)
7. FATHER'S	SINGLE	a. (First)	TRIPLET	b. (Midd		c. (Last)	Janu	lary 25.	<u> 1954</u>
NAME	]	Reo		. (1.2124)	,	Davis		White	RACE
9. AGE (At time of the	nis birth)	10. BIRTHPLACE (St	ate or foreign count	ry)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR	INDUSTRY
23	YEARS	Wendell,	Idaho		Truck Driv	ver			
12. MOTHER'S MAIDEN	-	a. (First)		b. (Midd	le)	c. (Last)		13. COLOR OF	RACE
NAME		Joanne				Sandow		Whit	
14. AGE (At time of the		15. BIRTHPLACE (St		ry)	16. CHILDREN PREVIO				
17. INFORMANT	YEARS	Pingree rd of Bingh		To and	a. How many chil- dren are now living?	b. How many born alive but a	re now dead?	c. How many children were (born dead after	stillborn
	1(000	e or paner	Clerk	ogeo	None I	Non	۵	pregnancy)? No:	
18a. LENGTH OF PR	EG- 18b.	WEIGHT AT BIRTH		ındard	serological test f		-		
28 WEEKS		LBS. ? OZS.	Approxim	ate dat	e December				
CAUSE OF STILI		20a. FETAL CAUSES	_					3	6.0
State only morbid causing fetal death use such terms as	do NOT	ZOD, MATERNAL CA	npressed_	Cord					<del></del>
Prematurity, Asphy	ia, etc.)	SOUTH TERRET CA	مادن		•				
21. STATE ANY COM	PLICATION	S OF PREGNANCY A	ND LABOR	<u>-</u>	22. STATE ALL OPERA	TIONS FOR DEL	IVERY		
I hereby certify attended the birth	y that I	23a. ATTENDAN	T'S SIGNATU	PF)	(Specify II M. D	, midwife, or oth	er)	23b. DATE SIG	NED
child who was bo	rn dead		6 M	de	$-m \sim$				8 <b>,</b> 1954
on the date state at 5:50	a above   P.m.	Blackfoot		ŀ	If NOT 24. SIGNAT physician	URE OF AUTHOR	RIZED OFFICIAL		TITLE
25a. BURIAL, CREM TION, REMOVAL (Spec	1 A- 25b.	DATE	25c. NAME OF C		OR CREMATORY	25d. LOCATION	(City, town, or	ounty)	(State)
Burial	Jar	28,1954	<del></del>			Prest		Idaho	
DATE REC'D BY LOC	AL MEGI	STRAR'S SIGNATURE	6/4		26. FUNERAL DIRECTO	or McHan F	uneralAD	DRESS HOM	.0
an 27793	4411	ralloku	17.1 ale	ue	Jack Hende		coatelle		
	· · · · · · · · · · · · · · · · · · ·				OSKIM C. K	Jandber	# Black	foot, I	dano.
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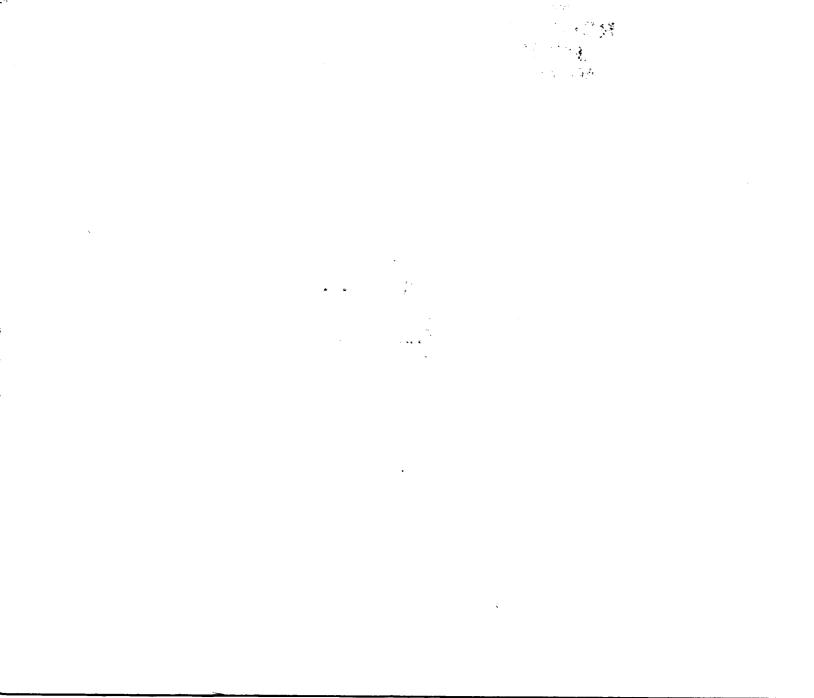
RECEIVED
(1949 Revision of Standard Certificate) State File No
FEDERAL SECURITY AGENCE 8 - 1954 CERTIFICATE OF STILLBIRTH  Local Reg. No
PUBLIC HEALTH SERVICE  Division of Vital Statistics  State of Idaho  Local Reg. No
2. USUAL RESIDENCE OF MOTHER (Where dosernother life)
a. COUNTY b. COUNTY 63 COUNTY
b. CITY (If outside opporate limits, water RURAL and Give to mahip)  C. CITY (If outside opporate limits, water RURAL and give township)
TOWN TOWN Belleville
C. FULL NAME OF (If not in hospital or institution, give atreet address or location)  HOSPITAL OR  ADDRESS  ADDRESS
MISTHTUTHON SUM - VALLEY
3. CHILD'S NAME ((Type or Print)
(Type or Print) JOHN COATES
4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year)
SINGLE X TWIN TRIPLET IST 2ND 3RD STILLBIRTH 1-25-54
7. FATHER'S  a. (First)  b. (Middle)  c. (Last)  8. COLOR OR RACE/
LLOYU HOMAS COATES While
9. AGE (At time of this birth) 10. BIRTHPIACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESSOOR INDUSTRY
34 YEARS Bellevil Ida miner Just Silv.
12. MOTHER'S a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE?
MAIDEN FLORENCE FITZ White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign county) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
23 YEARS Mullowy da a. How many children were c. How many OTHER dren are now living? born alive but are now dead? children were stillborn
17. INFORMANT // (born dead after 20 weeks
That I Coalle I NONE Pregnancy)?
18a, LENGTH OF PREG.   18b, WEIGHT AT BIRTH   19 Wes a standard contacted And for a hills
WEEKS LBS. OZS. Approximate date
CAUSE OF STILLBIRTH 20a. FETAL CAUSES / / / / / / / / / / / / / / / / / /
State only morbid conditions
use such terms as Stillbirth. 20b. MATERNAL CAUSES
Prematurity, Asphyxia, etc.)
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY
I hereby certify that I 23a. ATTENDANT'S SIGNATURE /) (Specify if M.D., midwife, or other) 23b. DATE SIGNED
attended the birth of this child who was born dead
on the date stated above 23c. ATTEMDANT'S ADDRESS II NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
atm. attended by physician
25st BURIAL, CREMA 25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify) 1-28-54 Cellevare Belliver Wash
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE , 26. FUNDRAL DIMOTOR ADDRESS
Jel -5-1954 Nobert H. Wright- Rev (Nati Mar soldrick Haelle
Ala van
versn.

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	<b>A</b>		
			•

PHS-797(VS) CEIVE 1949 Revision of	Standard Certificat	e) State File	No. 007
FEDERAL SECURITY AGENCY AS 1954 ERTIFICATE	OF STILLBIR	RTH Local Re	
	í Idaho	Reg. Dist	. No <b>ω/</b> ψ
1. PLACE OF STILLEN THE OF Vital Statistics	2. USUAL RESID	ENCE OF MOTHER (When	re does mother live?)
a. county Bonneville	a. STATE Id	aho b. COUNTY	Bonneville
b. CITY (If outside corporate limits, write RURAL and give township) OR	c. CITY (If outside of	orporate limits, write RURAL and giv	e township)
tŏwn Idaho Falls		Idaho Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location)	d. STREET	(If rural, give location)	
HOSPITAL OR INSTITUTION LDS Hospital	ADDRESS 2	21 S Water	
3. CHILD'S NAME			
(Tupe or Print) Kevin Frand	sen		
4. SEX 5a. THIS BIRTH 5b. IF	TWIN OR TRIPLET (This	shild born) 6. DATE OF (Mon	ith) (Day) (Year)
Male single Twin Triplet Ist	7 🗆		uary 1,1954
7. FATHER'S a. (First) b. (Mid		c. (Last)	8. COLOR OR RACE
War <b>d</b> ell Fran <b>dse</b> n			White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	TION 11b. KIND OF	BUSINESS OR INDUSTRY
38 YEARS Iona, Idaho	Butterm		y
12. MOTHER'S a. (First) b. (Mid	ile)	c. (Last)	13. COLOR OR RACE
name Carmen	В	ennett	White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTHER	
38 YEARS Thatcher, Idaho	a. How many chil-	b. How many children were	c. How many OTHER
Wardell Francisen	dren are now living?	born alive but are now dead?	children were stillborn (born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a standard	serological test f	or syphilis performed?	YesNo
WEEKS   LBS. OZS.   Approximate da	te	•	
CAUSE OF STILLBIRTH   20a. FETAL CAUSES			39,5
State only morbid conditions causing fetal death (do NOT			
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	· 0	4	
31 STATE ANY COURS OF THE STATE ANY	lue of m	inlecanes.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
I hereby certify that I   23a. ATTENDANT'S SIGNATURE	(Specify if M. I	)., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	· Com		
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT   24, SIGNAT	TURE OF AUTHORIZED OFFICIA	L "TITLE
at m.	attended by physician		**************************************
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER TION, REMOVAL (Specify)	Y OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
Burial 1-2-5% Rose Hill	@meter	Idaho Falls,	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	SAN RELEASE	<del></del>	DRESS
Jan - 30-1954. Lung Budges	Jack A W	ood Idaho	Falls, Idaho
		- v ()	

Devis

PHS-797(VS)	R	ECEN	/F 15949	Revision of	Standard Certificat	e)	State File	No	608
4-48 FEDERAL SECUR PUBLIC HEALTH SE	RITY AGEI ERVICE	NAN 1 9 1	CERTIF	FICATE	OF STILLBIR	RTH	Local Reg		
	De.	OWNISI	954	State of	Idaho		Reg. Dist.	No	
1. PLACE OF S	TILLBIR Bounda	ary	Statistics		2. USUAL RESID	PENCE OF MOT	HER (Where	Boun	dary
		imita, write RURAL S Ferry	and give township)		c. CITY (If outside of OR TOWN BON	orporate limits, write R		township)	
c. FULL NAME O HOSPITAL OR INSTITUTION	F (If not in	hospital or institution unity Ho	on, give street address	m or location)	d. STREET ADDRESS	(If rural, give locate	<del></del>		<del></del>
3. CHILD'S NA	ME		onne Nel	.son				·	
4. SEX female	5a. THIS	·	TRIPLET (	5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DATE STILL	of (Mont	h) (Da	2, 1954
7. FATHER'S		a. (First)		b. (Midd		c. (Last)			R OR RACE
NAME	Bar	rry		D.		lson		whi	
9. AGE (At time of the 22 Vear			E (State or foreign o		U.S. Coa		1b. KIND OF	BUSINESS	OR INDUSTRY
12. MOTHER'S MAIDEN	D	v st (First)		b. (Midd	le)	c. (Last)	1	13. COLO	R OR RACE
NAME	<u> </u>	malas		Fay		Seehorn		whit	te
14. AGE (At time of the		15. BIRTHPLAC	E (State or foreign o	country)	16. CHILDREN PREVIO	DUSLY BORN TO TH	IS MOTHER (	Do NOT in	iclude this child)
22 years	ILLANG	Spokan	e washir	ngton	a. How many children are now living?	b. How many ch born alive but are	ildren were l	c. How r	nany OTHER were stillborn
17. INFORMANT	usl	26	Melle	un	none	none		(born dea pregnancy	d after 2º weeks y)? none
18a. LEMGTH OF PR NAI WEEKS	NCY 18b.	WEIGHT AT BUT	·   was a	standard ximate da	serological test f	or syphilis per	formed?	Yes.	No
CAUSE OF STILL State only morbid causing fetal death	conditions (do NOT	20a. FETAL CAL	merci	nof	and by a	llu-cani	us Les	du	n Sens
use such terms as Prematurity, Asphyr	Stillbirth, xia, etc.)	20b. MATERNAL	L CANSES	redeli	present	tation -i	- per	ins	ghovid
21. STATE ANY COM	PLICATION	S OF PREGNANCE	Y AND LABOR	~	22. STATE ALL OPERA	ATIONS FOR DELIVI	RY		
I hereby certif attended the birth child who was bo	h of this		ANTES SIGN	ATURE	Specify if M. I	o., midwife, or other)		23b. DATE	SIGNED
on the date state at 12:30	ed above	23c. ATTENDAN	T'S ADDRESS	Ideho		TURE OF AUTHORIZ	ED OFFICIAL		TITLE
25a. BURIAL, CREM TION, REMOVAL (8pe	MA- 25b.	DATE 1954	25c. NAME (	OF CEMETERY	OR CREMATORY	25d. LOCATION (C			(State)
<u>burial</u>	<u>Ja</u>	nuary 4		nill $nC$	emetery	Boundary	Count	y Id	aho
DATE REC'D BY LO	CAL REGI	ISTRAR'S SIGNAT	CABIE		26 FUNERAL DIRECT	5/7		ORESS	
Jan 8.19 J	A/	CAL	10 XXX		TIM	Marco	Bonne	rs F	erry Id
	, .			7					
				·		$\longrightarrow$			



PHS-797(VS) 4-48		RECE	V E9 Revision o	f Standard Certificat	e) State File	
FEDERAL SECUR PUBLIC HEALTH SE	ITY AGE!	NCY IAN 1	2 SERTIFICATE	OF STILLBIF	RTH Local Re	g. No. 2652
	-			of Idaho	Reg. Dist	No420
J. PLACE OF S	TILLBIR	ATABION OF A	ital Statistics	2. USUAL RESID	ENCE OF MOTHER (Who	re does mother live?)
• COUNTY	oding			a. STATE Idak	L COUNTY	Elmore
b. CITY (If outside OR	e corporate li	mite, write RURAL	and give township)	c. CITY (If outside or OR	orporate limits, write RURAL and give	re township)
	oding			TOWN Kine	Hill	
c. FULL NAME O HOSPITAL OR INSTITUTION			rial Hospital	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NA						
(Type or Print	.,	Jim	Bruce Hen	derson		
4. SEX	5a. THIS		.5b. IF	TWIN OR TRIPLET (This	bhild born) 6. DATE OF (Mon	nth) (Day) (Year)
Male	SINGLE		TRIPLET 1ST		3RD January	<u>7 2. 1954 </u>
7. FATHER'S NAME		a. (First)	b. (Mic	idle)	c. (Last)	8. COLOR OR RACE
		Hubert	Russe	11	Henderson	White
9. AGE (At time of the	his birth)	10. BIRTHPLAC	E (State or foreign country)	11a. USUAL OCCUPAT		F BUSINESS OR INDUSTRY
34	YEARS	Bliss,	Idaho	Rancher	Far	ner
12. MOTHER'S MAIDEN		a. (First)	b. (Mie	idle)	c. (Last)	13. COLOR OR RACE
NAME		Naioma	Rach	<u>el</u>	Blood	White
14. AGE (At time of the	nie birth)	15. BIRTHPLAC	E (State or foreign country)		OUSLY BORN TO THIS MOTHER	<del>`</del>
27	YEARS	Parma,	Idaho	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMAN		////	7			(born dead after 20 weeks pregnancy)?
///////	lul	///	mo lue De	2 2	None	None
18a, LENGTH OF PE	REG- 18b. NCY	WEIGHT AT BIR	was a stantuar	d serological test	for syphilis performed?	Yes No
WEEKS			ZS. Approximate d	ate		
CAUSE OF STIL		20a. FETAL CA	us <b>r</b> s)	Outo ly	1 (11)	39.5
State only morbid causing fetal death use such terms as	conditions (do NOT		monaturely	your M	vin Metaloria	
use such terms as Prematurity, Asphy	Stillbirth, xia, etc.)	20b. MATERNA	L CAUSES	7		
21. STATE ANY COM	APLICATION	NS OF PREGNAN	CY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
			0	_		
I hereby certif	u that I	23a. ATTENI	DANT'S SIGNATURE	(Specify M.)	D., midwife, or other)	23b. DATE SIGNED
attended the birt	h of this	(121	mx (//C	Klam k. Ca		1-2-54
child who was be on the date state		23c. ATTENDAN	VES ADDRESS	II NOT   24. SIGNA	TURE OF AUTHORIZED OFFICE	AL TITLE
at	m.	8	line Idaho.	attended by physician		
25a. BURIAL, CRE	M A- 25b.	DATE	25c. NAME OF CEMETE	<del></del>	25d. LOCATION (City, town, o	r county) (State)
Burial	Ja	n. 5, 19	54 Elmwood Ce	metery	Gooding,	Idaho
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNA	<del></del>	26. FUNERAL DIRECT	OR A	DDRESS
Jan 11-44	REG.	Convelle		R.S. W	yer THOM	PSON CHAPEL
T	- 0				<b>G</b> 00	DING, IDAFIO

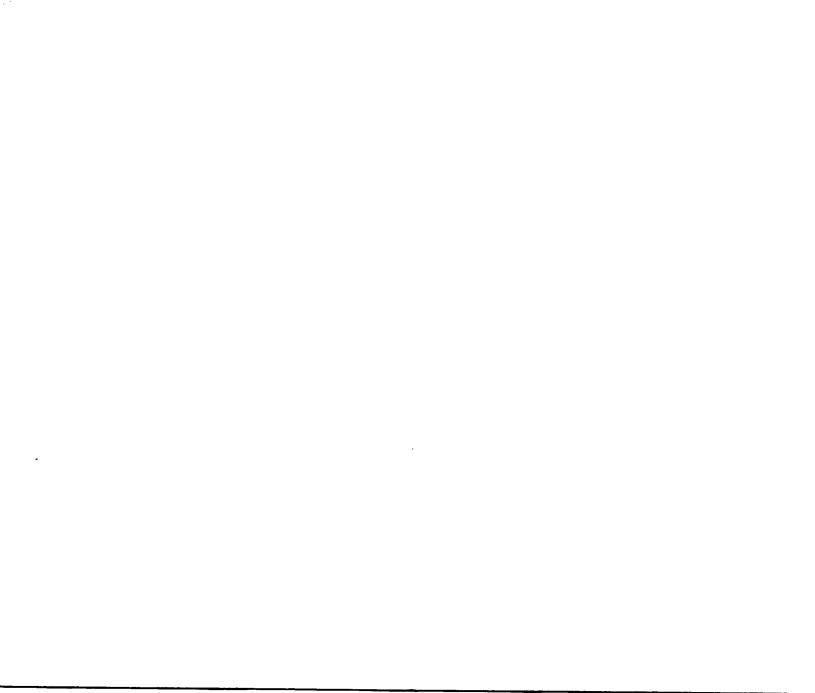
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PHS-797(VS)	ECEIV	E Q49 Revision of	Standard Certificate	s) State	File No. 010
FEDERAL SECURITY AGE	NCY AN 1 1 19	SERTIFICATE	OF STILLBIF	RTH Local	Reg. No. 1649
1. PLACE OF STILLBIT	JANIII	Statusics State of	Idaho	Reg. 1	Dist. No4.2-0
1. PLACE OF STILLBIR	TH		2. USUAL RESID	ENCE OF MOTHER	(Where does mother live?)
a. COUNTY GOO.	_2		CTATE	ho b. coul	
b. CITY (If outside corporate li		give township)		rporate limits, write RURAL a	
TOWN Good	na'	-	II OR //	german	
c. FULL NAME OF (If not in	hospita or institution, giv	re street address or location)	d. STREET	(If rural, give location)	
HOSPITAL OR INSTITUTION GOO	1	tu Memorial	ADDRESS U	5. disheries	steetson
3. CHILD'S NAME	70 /		$\sim$		
((Type or Print)	Daby	Boy	Badge	<u>۲</u>	
4. SEX 5a. THIS		5b. IF T	WIN OR TRIPLET (This	6. DATE OF STILLBIRTH	(Month) (Day) (Year)
SINGLE		TRIPLET IST		3RD 🔲	Jan. 4 1954
7. FATHER'S NAME	a. (First)	b. (Midd	ľ	c. (Last)	8. COLOR OR RACE
	vesley	Nea	<u> </u>	Badger	$ \omega $
9. AGE (At time of this birth)	10. BIRTHPLACE (St	ate or foreign country)	11a. USUAL OCCUPAT	TON / 116. KII	ND OF BUSINESS OR INDUSTRY
24 YEARS	Farmer,	Wash.	Station	agent Air	-lines (United)
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)	13. COLOR OR RACE
NAME G	eraldine	\0a	7	martin	$\omega$
14. AGE (At time of this birth)	15. BIRTHPLACE (8t		<del> </del>	OUSLY BORN TO THIS MOT	THER (Do NOT include this child)
20 YEARS	EIKhart	Indiana	a. How many children are now living?	b. How many children	were   c. How many OTHER
17. INFORMANT			dren are now living?	born alive but are now de	(born dead after 20 weeks
Resold	line Ded	(ner)	0	0	prognancy)?
18a. LENGTH OF PREG-   18b.	WEIGHT AT BIRTH	19 Was a standard	serological test f	or syphilis perform	ed? Yes. X No
40 WEEKS 6	LBS. 14 OZS.	Approximate da	te Apri	1 1953	
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	1 1	•	,	37.8
State only morbid conditions	Cere	pral into	114		2. /
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CA				
riematurity, Aspriyans, etc.)	frecip	, TOUS / 2 BUT	in p	Ered (Mil	
21. STATE ANY COMPLICATION		ND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
Precipito	G C		Ebision	my of Low	Forceps
7 1 7	7-8		L 013,010	my v pour	
I hereby certify that I	23a. ATTENDAN	T'S SIGNATURE		midwife, or other)	23b. DATE SIGNED
attended the birth of this		T'S SIGNATURE			
attended the birth of this child who was born dead		my Alex	(Specify if M. I		23b. DATE SIGNED
attended the birth of this	23a. ATTENDAN	ADDRESS II	(Specify if M. I	midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead on the date stated above at	23a. ATTENDAN 23c. ATTENDANT'S	ADDRESS II	If NOT 24, SIGNA attended by physician	midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead on the date stated above at	23a. ATTENDAN 23c. ATTENDAN'S HAGEN'NA	ADDRESS Jolde	If NOT 24, SIGNA attended by physician	midwife, or other) . TURE OF AUTHORIZED OF	23b. DATE SIGNED
attended the birth of this child who was born dead on the date stated above at	23a. ATTENDAN 23c. ATTENDAN'S HAGEN'NA	ADDRESS M. Goldov  25c. NAME OF CEMETERY	If NOT 24, SIGNA attended by physician	midwife, or other) TURE OF AUTHORIZED OF 25d. LOCATION (City, to	23b. DATE SIGNED
attended the birth of this child who was born dead on the date stated above at	23a. ATTENDANT'S  23c. ATTENDANT'S  ATTENDANT'S  DATE	ADDRESS M. Goldov  25c. NAME OF CEMETERY	(Specify if M. I  If NOT 24. SIGNA  attended by physician  OR CREMATORY	midwife, or other) TURE OF AUTHORIZED OF 25d. LOCATION (City, to	23b. DATE SIGNED FICIAL TITLE wn, or county) (State)

\* 

PHS-797(VS) CEIVE D949 Revision of		State File No
FEDERAL SECURITY AGENCY FEB 5 - 1954	OF STILLBIRTH	Local Reg. No. 163 (142)
State of	Idaho	Reg. Dist. No.
1. PLACE OF STILL BY STILL OF Vital Statistics	2. USUAL RESIDENCE OF MOT	HER (Where does mather line)
a. COUNTY JOKO 77 6		b. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township)	c. CiTY (If outside corporate limits, write F	TIRAL and give township)
TOWN LEKOMO	OR TOWN	5.//-
c. FULL NAME OF (If not in hospital or institution, give street address or location)	d. STREET (If rural, give loca	tion)
HOSPITAL OR ST Benedicte	ADDRESS	
3. CHILD'S NAME T	1/1/	
(Type or Print) Verry A.	eA Velle	
4. SEX MA 5a. THIS BIRTH 5b. IF T	WIN OR TRIPLET (This child born) 6. DATE	OF (Month) (Day) (Year)
SINGLE A TWIN TRIPLET 1ST	2ND 37D	- 23 175y
7. FATHER'S  a. (First)  b. (Midd	c. (Last)	8. COLOR OR RACE
ra4/ Verno	1) Let Ve	10 4
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)		11b. KIND OF BUSINESS OR INDUSTRY
23 A YEARS A KANSOS	Lavor	Construction
12. MOTHER'S (First) b. (Mide	dle)	13. COLOR OR RACE
NAME ///a C	3/11/7/	1 2
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	a. How many chil- b. How many chil-	<del></del>
YEARS   13/1/0/1 +da/10	dren are now living? born alive but are	now dead? children were stillborn (born dead after 20 weeks
17. INFORMANT		pregnancy)?
188, LENGTH OF PREG-   18b. WEIGHT AT BIRTH   19 Was a standard		
NANCY (2) Was a standard	serological test for syphilis pe	rformed? Yes No
200 FETAL CAUSES	te 19453	36,0
CAUSE OF STILLBIRTH State only morbid conditions		
causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	line Hard Ras	0 Pa R.M
Prematurity, Asphyxia, etc.)	wae nous lag	ter tester ,
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIV	
Hord Rapid lut or.	episions m	el Forepa
I hereby certify that I   23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or othe	r) 23b. DATE SIGNED
attended the birth of this child who was born dead	est mo.	1/2)/54
on the date stated above 23c. ATTE DANT'S ADDRESS	If NOT 24. SIGNATURE OF AUTHOR attended by	IZED OFFICIAL ' TITLE
atm.	physician	
25a. BURIAL, CREMA- TION, BEMOVAL (Specify)	Y OR CREMATORY 25d. LOGATION (	City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNEBAL DIBLOTOR	/ARDORESS
Dan 18 REG. Site M. Rose ON	Illen Be	able (leson Il
The same of the sa		
lf		

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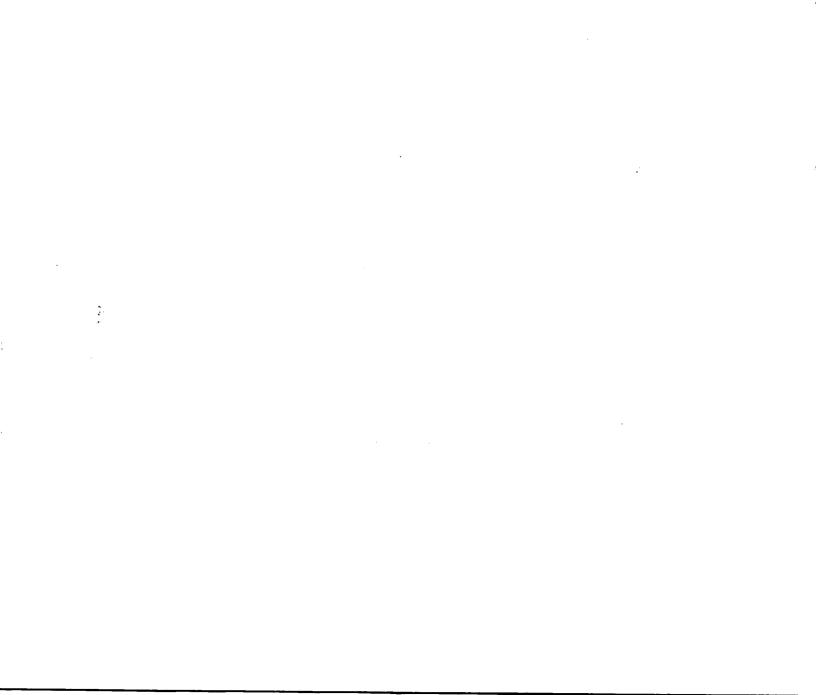


PHS-797(VS)  RECEIVE (1949 Revision of Standard Certificate)  State File No
1. PLACE OF STILLBIRTH a. COUNTY Madison  b. CITY (If outside corporate limite, write RURAL and give township) CR OR TOWN REXDURG  c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Madison Memorial Hospital  3. CHILD'S NAME (I Type or Print)  Squires  4. SR THIS BIRTH SINGLE TWIN TRIPLET Sh. (First) Sh. (Middle)  9. AGE (As time of this birth) NAME  14. AGE (As time of this birth) NAME  15. BIRTHPLACE (State or foreign country)  16. CHILD'S PREVIOUSLY ORN TO THIS MOTHER (Do NOT include this child) STILLBIRTH NAME  17. INFORMANT  18. LENGTH OF PREC. 18b. WEIGHT AT BIRTH NAME  18. LENGTH OF PREC. 18b. WEIGHT AT BIRTH NAME  18. LENGTH OF PREC. 18b. WEIGHT AT BIRTH NAME  CAUSE  NONE  19. WEEKS  19. WEEKS  NONE  19. WEEKS  NONE  19. WEEKS  NONE  19. WEIGHT ADDRESS  NONE  2. USUAL RESIDENCE OF MOTHER (Where does mother live?) A. STATE Idaho b. COUNTY Madison  c. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  d. STREET  ADDRESS  (If rural, give location)  C. DATE OF (Month) (Day) (Year)  STILLBIRTH  ADDRESS  STILLBIRTH  10. DATE OF (Month) (Day) (Year)  STILLBIRTH  10. DATE OF (Month) (Day) (Year)  11a. USUAL OCCUPATION  11b. KIND OF BUSINESS OR INDUSTRY  11c. CLASS),  13c. COLOR OR RACE  11b. KIND OF BUSINESS OR INDUSTRY  11c. CLASS),  13c. COLOR OR RACE  11d. KIND OF BUSINESS OR INDUSTRY  11d. CHILD'S (NAME)  11d. KIND OF BUSINESS OR INDUSTRY  11d. CLASS),  11d. CHILD'S (NAME)  11d. KIND OF BUSINESS OR INDUSTRY  11d. CLASS),  11d. CHILD'S (NAME)  11d. CHILD'S (NA
a. STATE Idaho b. COUNTY Madison  b. CITY (If outside corporate limits, write RURAL and give township)  TOWN REXDURG  c. FULL NAME OF (If no tin bospital or institution, give street address or location)  INSTITUTION Madison Memorial Hospital  3. CHILD'S NAME  (If type or Print)  Squires  Sq
OR TOWN Rexburg  C. FULL NAME OF (if not in hospital or institution, give street address or location) HASPITAL OR INSTITUTION Madison Remorial Hospital  Squires  StillBirth (Month) (Day) (Year)  StillBirth (Month) (Day) (Year)  StillBirth (Month) (Day) (Year)  Institution of this birth)  Squires  StillBirth (Month) (Day) (Year)  StillBirth (Month) (Day) (Year)  Institution of this birth)  Squires  Squires
C. FULL NAME OF (If not is hospital or institution, give street address or location)    Comparison   Comparis
3. CHILD'S NAME
7. FATHER'S NAME  9. AGE (At time of this birth)  10. BIFFIFPLACE (State or foreign country)  11a. USUAL OCCUPATION  11b. KIND OF BUSINESS OR INDUSTRY  12. MOTHER'S MAIDEN NAME  14. AGE (At time of this birth)  15. BIRTIPLACE (State or foreign country)  16. CHILDREN PREVIOUSLY FORN TO THIS MOTHER (Do NOT include this child)  17. INFORMANT  18a. LINGTH OF PREG. NANCY  18a. LINGTH OF PREG. NANCY  18b. WEISHT AT BIRTH  19 Was a standard serological test for syphilis performed? Yes. A poproximate date  19 AGE (At time of this birth)  10 BIFFIFPLACE (State or foreign country)  11a. USUAL OCCUPATION  11b. KIND OF BUSINESS OR INDUSTRY  11c. (Last)  11c. (Last)  11d. CHOW many children were country  11d. CHILDREN PREVIOUSLY FORN TO THIS MOTHER (Do NOT include this child)  a. How many children were country born alive but are now dead? Of the pregnancy)?  11c. How many children were stillborn (born dead after 20 weeks pregnancy)?  11d. CHILDREN PREVIOUSLY FORN TO THIS MOTHER (Do NOT include this child)  a. How many children were country born alive but are now dead?  11d. CHILDREN PREVIOUSLY FORN TO THIS MOTHER (Do NOT include this child)  a. How many children were country born alive but are now dead?  11d. CHILDREN PREVIOUSLY FORN TO THIS MOTHER (Do NOT include this child)  a. How many children were country born alive but are now dead?  11d. CHILDREN PREVIOUSLY FORN TO THIS MOTHER (Do NOT include this child)  a. How many children were country born alive but are now dead?  11d. CHILDREN PREVIOUSLY FORN TO THIS MOTHER (Do NOT include this child)  a. How many children were country born alive but are now dead?  11d. CHILDREN PREVIOUSLY FORN TO THIS MOTHER (Do NOT include this child)  a. How many children were country born are country by mother (Do NOT include this child)  a. How many children were country by mother (Do NOT include this child)  a. How many children were country by mother (Do NOT include this child)  a. How many children were country by mother (Do NOT include this child)  b. How many children were country by m
9. AGE (At time of this birth)  10. BIRTHPLACE (State or foreign country)  11a. USUAL OCCUPATION  11b. KIND OF BUSINESS OR INDUSTRY  12. MOTHER'S  MAIDEN  NAME  14. AGE (At time of this birth)  15. BIRTHPLACE (State of foreign country)  16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  a. How many children were stillborn (born dead after 20 weeks pregnancy)?  17. INFORMANT  18a. LENGTH OF PREG- NANCY  18b. WEEKS  18b. WEEKS  18b. WEEKS  18b. WEEKS  18c. 7 OZS  18d. Approximate date  19 Was a standard serological test for syphilis performed? Yes
12. MOTHER'S MAIDEN NAME  14. AGE (At time of this birth)  15. BIRTHPLACE (Start foreign country)  16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  2 YEARS  17. INFORMANT  18a. LENGTH OF PREG- NANCY  38 WEEKS  5 LBS. 7 OZS.  Approximate date  None  18 CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  a. How many children were stilliborn (born alive but are now dead?)  CAUSE OF STILLBIRTH  State only merbid conditions  None  18 CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  a. How many children were stilliborn (born alive but are now dead?)  CAUSE OF STILLBIRTH  State only merbid conditions  None
14. AGE (At time of this birth)  YEARS  15. BIRTHPLACE (Start foreign country)  YEARS  16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  17. INFORMANT  18a. LENGTH OF PREG- NANCY  NANCY  SEW WEEKS  18b. WEEKS  5 LBS. 7 OZS.  Approximate date  None  16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  a. How many children were dilidren were stillborn (born alive but are now dead?)  O  VEARS  18b. WEEKS  19 Was a standard serological test for syphilis performed? YesX
2 YEARS VEARS A. How many children were dren are now living?  17. INFORMANT  18a. LENGTH OF PREGNANCY  38 WEEKS  5 LBS. 7 OZS. Approximate date July 3, 1953  CAUSE OF STILLBIRTH  State only merbid conditions  18. How many children were stillborn (born alive but are now dead? pregnancy)?  C. How many OTHER children were stillborn (born dead after 2º weeks pregnancy)?  C. How many OTHER children were stillborn (born dead after 2º weeks pregnancy)?  O O O O O O O O O O O O O O O O O O O
18a. LENGTH OF PREGNANCY  18a. LENGTH OF PREGNANCY  18b. WEEKS  5 LBS. 7 OZS.  CAUSE OF STILLBIRTH  State only merbid conditions  None  None  (born dead after 2º weeks pregnancy)?
NANCY 38 WEEKS 5 LBS. 7 OZS. Approximate date July 3, 1953  CAUSE OF STILLBIRTH State only merbid conditions  None  None
CAUSE OF STILLBIRTH State only morbid conditions None  32, 4
causing letal death (do NOT)
causing letal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES  TOKEMIS OF Pregnancy - Pregn
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY
I hereby certify that I attended the birth of this child who was born dead (Specify ILM. D., midwife, or other) 23b. DATE SIGNED (Specify ILM. D., midwife, or other) 1 - 8 - 54
on the date stated above at 4:53 p. m. Rexburg, Idaho 23c. ATTENDANT'S ADDRESS at 4:53 p. m. Rexburg, Idaho 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMA 25b. DATE TION, REMOVAL (Breedity)  1-11-54  25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county)  (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  1-10-64  REGISTRAR'S SIGNATURE  26. FUNE ALL DIRECTOR  ADDRESS  Relband

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PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE		ECEIV	GERTIFIC	ATE	Standard Certificate OF STILLBIF	e) RTH	Local Reg	No3	()][] 3 [-2]
		I LU I U .	S	iate of	Idaho		Reg. Dist.	No.	
a. COUNTY M	TILLB <b>M</b> adisor	ypsion of Vital	Juustie		2. USUAL RESID		b. COUNTY	does mother live	h i i
OR _	e corporate lin	mits, write RURAL and	give township)		c. CITY (If outside of OR TOWN Rura	_	RURAL and give	township)	-
c. FULL NAME C HOSPITAL OR INSTITUTION		nospital or institution, given son Memor			d. STREET ADDRESS Ly	(If rural, give lo	ocation)		
3. CHILD'S NA		Baby			Vollman	n		2.77	
4. SEX Male	5a. THIS I		TRIPLET	,5b. IF T	WIN OR TRIPLET (Thise o		TE OF (Mont LLBIRTH Jai		(Year) 1054
7. FATHER'S		a. (First)		b. (Midd		c. (Last)		8. COLOR OF	RACE
NAME	Elv	ryn		H		V <b>6</b> llman	1	Whi	t.e
9. AGE (At time of t		10. BIRTHPLACE (St	tate or foreign countr	y)	11a. USUAL OCCUPAT			BUSINESS OR	
41	_ YEARS	Nebraska	a City, N	eb	Farmer		Fa	rm	
12. MOTHER'S MAIDEN		a. (First)	•	b. (Mide	lle)	c. (Last)		13. COLOR O	R RACE
NAME		3ylva		·	Robi	son		White	<u> </u>
14. AGE (At time of t	his birth)	15. BIRTHPLACE (Se	tate or foreign countr	עי)	16. CHILDREN PREVIO	OUSLY BORN TO	THIS MOTHER (	Do NOT inclu	ie this child)
41 17. INFORMAN	YEARS	Lyman	<u>Idaho</u>		a. How many chil- dren are now living?	b. How many born alive but s	children were are now dead?	c. How man children wer (born dead af pregnancy)?	e stillborn
(		Jack	man.		10	3			
18a. LENGTH OF P	NCY	WEIGHT AT BIRTH LBS. OZS.	<sup>19</sup> .Was a sta Approxim		serological test i te	for syphilis p	performed?	Yes	No
CAUSE OF STIL	conditions	20a. FETAL CAUSES	Zenk	n	10-20				4.6
causing fetal death use such terms as Prematurity, Asphy	Stillbirth,	20b. MATERNAL CA	uses Und	en	own				
21. STATE ANY CO	MPLICATION	S OF PREGNANCY			22. STATE ALL OPER	ATIONS FOR DE	LIVERY		
	_	roul	-			7	con	ب	
I hereby certi		23a. ATTENDAN	IT'S SIGNATI	JRE	(Specify if M. ]	D., midwife, or ot	her)	23b. DATE SI	GNED
child who was b on the date stat	orn dead ed above	23c. ATTENDANT'S	ADDRESS	9/	11 NOT 24. SIGNA attended by physician	TURE OF AUTHO	PRIZED OFFICIA	1//2/	TIPLE
25a. BURIAL, CRE TION REMOVAL (8p Burial	MA- 25b.	PATE /54	25c. NAME OF C		Y OR CREMATORY	1	(City, town, or On Co.		(State)
DATE REC'D BY LO	OCAL REG	ISTRAR'S SIGNATUR		ر <u>ب</u>	26 FUNERAL DIRECT		A	DRESS Rexburg	
					•				

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	C.2.
PHS-797(VS) RECEIVED 49 Revision of	Standard Certificate) State File No.
FEDERAL SECURITY AGENCY CEDTIFICATE	OF STILLBIRTH Local Reg. No.
PUBLIC HEALTH SERVICE FEB 5 - 1954 State of	Idaho Reg. Dist. No
1. PLACE OF STILL Privation of Vital Statistics	
a. COUNTY	2. USUAL RESIDENCE OF MOTHER (Where does mother live!)
Mindoha	a. STATE b. COUNTY
b. CITY (If outside comprate limits, write RURAL and give township)	c. CITY (If outside corporate-limits, write RURAL and give township)
TOWN Classification	TOWN 9
c. FULL NAME OF (If not in hospital or institution, give street address or location)	d. STREET (If tural, give location)
HOSPITALOR	ADDRESS
3. CHILD'S NAME	Home your !.
((Type or Print)	_ /)
// aroare/ /3050	- Cameron
	WIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year)
Simale SINGLE X TWIN TRIPLET 15T	IND A 3RD STILLBIRTH Q
7. FATHER'S a. (First) b. (Midd	June a 112
NAME (S. )	(V)
9. AGE (At time of this birth) 10. BIRTHPLACE (State or topica country)	
1 D -11011	11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
26 YEARS (Facalità Land	Salisman Welail amplement
12. MOTHER'S a. (First) b. (Midd	ile) c. (Last) 13. COLOR OR RACE
NAME Marano. In	e stark white.
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
2 2 YEARS Newborn 2daho	a. How many chil- b. How many children were c. How many OTHER
17. INFORMANT	dren are now living? born alive but are now dead? children were stillborn (born dead after 20 weeks
Child I to a ment	pregnancy)?
18a. LENGTH OF PREG-   18b. WEIGHT AT BIRTH   19 Was a standard	
NANCY Was a standard	serological test for syphilis performed? Yes No
9 Mo. WEEKS   5 LBS. 2 OZS.   Approximate da	te 1/20/53 36,0
CAUSE OF STILLBIRTH 204. FETAL CAUSES	
State only morbid conditions causing tetal death (do NOT	of fleged Knee during Week deliver
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	
Tiomatunty, Adputate, esc.,	,
21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
Breech presentation.	Consider the Contraction of the
I hereby certify that I   23a. ATP\$NDANT'S SIGNATURE	
attended the birth of this	(Specify if M. D., midwife, or other) 23b, DATE SIGNED
child who was born dead	1-27-54
on the date stated above 23c ATTENDANT'S ADDRESS	If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
at Tike 1 m. Kupler James	physician
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETERY	OR CREMATORY 25d. LOCATION (City, town, or county) (State)
Comes 1-3-54 Kunent Te	metall Classet 9 1 hr
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL PRECTOR ADDRESS
1-27-54 REG. CATES	01 161
- July Harles	Johns Mordman August
`	1 2 day

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PHS-797(VS)		Sandard Certificate	Sta	ate File No.
FEDERAL SECURITY AGE	NCY KERTHICATE	OF STILLBIF	RTH Loc	cal Reg. No.
TODETO TIERETTI SERVICE	JAN 1 State of	Idaho	Reg	g. Dist. No.
1. PLACE OF STILLBIR		HISTO UAL RESID	ENCE OF MOTHE	R (Where does mother live?)
a. COUNTY Share	lane	a. STATE	b. CC	OUNTY
ll OR	imits, write RURAL and give township)	ii Ox	rporate limite, write RURA	L and give township)
c. FULL NAME OF (If not in	ngt	TOWN See	nohine	Stay Kaute
HOSPITAL OR INSTITUTION	hospitalor institution, give street address or location)	d. STREET ADDRESS	(If rural, give location)	tur Porti
3. CHILD'S NAME	,		area co	an nour
((Type or Print)	hN Edward	Walla	110	
4. SEX 5a. THIS		WIN OR TRIPLET (This	hild born) 6. DATE OF	(Month) (Day) (Year)
Male SINGLE			3RD STALLBAN	January 2 195.
7. FATHER'S NAME -	a. (First) b. (Midd	ile)	c. (Last)	8. COLOR OR RACE
0 ACE	10. BIRTHPLACE (State or foreign country)	Was	LACE	White
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL ÖCCUPAT	10N 11b.	KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S	A a. (First) b. Widd	Mune of	c. (Last)	13. COLOB OR RACE
MAIDEN NAME	uru L.	Will	The state of the s	Shet
14. AGE (At time of this birth)	15. BUTHPLACE (State or foreign country)			MOTHER (Do NOT include this child)
Z Z YEARS	Cryst Chalahang	a. How many chil- dren are now living?	b. How many childre born alive but are now	dead?   children were stillborn
17. INFORMANT				(born dead after 20 weeks pregnancy)?
18 LENGTH OF PREG-   18b.	WEIGHT AT BIRTH   19 Was a standard	ganalagical test i	on or hills monto	med? Yes.XNo
WEEKS	LBS. OZS. Approximate da	te	or sypnins perior	rmed? Yes.,X No
CAUSE OF STILLBIRTH	20a. FETAL CAUSES			36. 6
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CAUSES	•		· · · · · · · · · · · · · · · · · · ·
Prematurity, Asphyxia, etc.)	PLACENTAL CAUSES	ABRUF	Tio-Co	MPCETE .
21. STATE ANY COMPLICATION	NS OF PREGNANCY AND LABOR	22. STATE ALL OPER	TIONS FOR DELIVERY	1
See 20	<i>₽</i> .	Kuplur	e of may	ultraulx.
I hereby certify that I	238. ATTENDANT'S SIGNATURE	(Specify if M. I	., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	you M. Whi	enel	THIN	4 Jan Sy
on the date stated above	23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNAT attended by physician	TURE OF AUTHORIZED	OFFICIAL TITLE
25a. BURIAL, CREMA- 25b.	DATE 25c. NAME OF CEMETER	14" "	25d. LOCATION (City,	town, or county) (State)
BURIAL (Specify)	NUARY 4,1994 Green WO	od	Kelloga	Idatio
DATE REC'D BY LOCAL REG	STRAR'S SIGNATURE	26 FUNERAL DIRECT	OR /	ADDRESS
1-11-54	at time	Stanton	glade	Kellogg

Form DPH-48020

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PHS-797(VS) REC	EIVED	(1949 Revision of	Standard Certificate	;)	State File	No	110
FEDERAL SECURITY AC	#N9Y_ 1951	CERTIFICATE	OF STILLBIF	RTH		. No. 3/	
	of Vital Statistics	State of			Reg. Dist.	No46	Ó
1. PLACE OF STILLB	IRTH	1	2. USUAL RESID	ENCE OF MO	OTHER (Where	does mother live?	
a. COUNTY Twin	falls		a. STATE	aho	L COUNTY	win Fa	
b. CITY (If outside corporate	limite, write RURAL and	give township)	c. CITY (If outside co				112
TOWN Twin Fa	a 1 1 e		- CK			,	
		ve atreet address or location)	d. STREET	n Falls	nation)		
HOSPITAL OR INSTITUTION	- M-11 M		ADDRESS		•		
3. CHILD'S NAME	· valley w	em Hospita	279	South	Washing	ton	
((Type or Print)							
4. SEX 5a. THI	BRENDA J	OXCE DODÍEĂ	WIN OR TRUST ET	1.5			
		<u></u>	WIN OR TRIPLET (Thise	STI	TE OF (Mont LLBIRTH	(D <b>ay</b> )	(Year)
Fema 1e singli		TRIPLET   1ST		3RD L	Jan.	2, 195	<u> </u>
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
	EUGENE	F	Di	UDLEY		WHITE	<u> </u>
9. AGE (At time of this birth)	10. BIRTHPLACE (Se	ate or foreign country)	11a. USUAL OCCUPAT	NOI	11b. KIND OF	BUSINESS OR I	NDUSTRY
<u>30 30 YEAR</u>	s Missour	i	baborer				
12. MOTHER'S MAIDEN	a. (First)	b. (Midd		c. (Last)		13. COLOR OR	RACE
NAME	JOYCE		KITC	HEN		WHITE	
14. AGE (At time of this birth)	15. BIRTHPLACE (8	tate or foreign country)	16. CHILDREN PREVIO		THIS MOTHER (		this child)
75 25 YEAR	s Nebra	eka	a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How many children were	OTHER
17. INFORMANT				2011 4110 240	-0 10 # 4004	(born dead after pregnancy)?	20 weeks
* Surgal &	2 Dudle	U		ť		programcy).	
18a. LENGTA OF PREG- 18	b. WEIGHT AT BIRTH	19 Was a standard	serological test f	or syphilis r	erformed?	Ves 1	Vo.
96 WEEKS	4 LBS. 43/pts.	Approximate da	te.	o. 03 p p		200	· · · · · · · · · · · · · · · · · · ·
CAUSE OF STILLBIRTE	20. EETAL CAUSES			· · · · · · · · ·		سريب	7,2
State only morbid condition	s livi	nww				٠,٠٠٠	
causing fetal death (do NO) use such terms as Stillbirth	, 20b. MATERNAL CA						
Prematurity, Asphyxia, etc.)		ETES M	ELLITUS				
21. STATE ANY COMPLICATI			22. STATE ALL OPERA	TIONS FOR DEL	.IVERY		
		)					
I hereby certify that	23a. ATTENDAN	T'S SIGNATURE	(Specify if M. I	)., midwife, or otl	ner)	23b. DATE SIG	NED
attended the birth of this	8 7/ 7/	110 0 / 20	A M.	٠ ١	,	1-5-	54
child who was born dead on the date stated_abou		ADDRESS	II NOT   24. SIGNAT	TURE OF AUTHO	RIZED OFFICIAL	<del></del>	TITLE
at 9:288m.	Twin Fall	· /·	attended by physician			<del>-</del>	
	b. DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
Rurial 1	1/5/54	Twin Falls	Cometani	Turin	Falla	Idaha	
DATE REC'D BY LOCAL   RE	CISTRAR'S SIGNATUR		28 FUNERAL DIRECT	OR)	Falls,	IUANO DRESS	
Lan. 7 1954 2	mmax	a Tem	Il as A	1:00:x			
Janes I, Clary I (	or williage	and string	, malle or a	<del>\ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	<del>~ White</del>	Mortua	ı <del>ıy</del>
	<i>V</i>	<u>υ</u>	/	· · · · · · · · · · · · · · · · · · ·	Twin	Falls,	<u>ldah</u> o

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	and the second s	 			

PHS-797(VS) KECEIY	1949 Revision of	Standard Certificate)	State File	No.
FEDERAL SECURITY AGENCY 11 10 17 15	ERTIFICATE	OF STILLBIR	TH Local Res	
DIVISION OF VIEWS	_		Reg. Dist.	No. 460
I. PLACE OF STILLBIRTH		2. USUAL RESIDE	NCE OF MOTHER (When	e does mother live?)
a. COUNTY Juin fall		a. STATE	b. COUNTY	•
b. CITY (If outside corporate limits, write RURAL and	give township)	c. City (If outside corp	Orate limits, write RURAL and give	Jerome
Twin Falls		OR TOWN Rt.	#2 Jerome	o wasang)
c. FULL NAME OF (If not in hospital or institution, given the control of the cont	Mem. Hosp.	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME	1103p	II Rt	#2 Jerome	
((Type or Print) DENISE	KAY VAN ZAI	NTE		
4. SEX 5a. THIS BIRTH		TWIN OR TRIPLET (This chil	d born) 6. DATE OF (Mon	th) (Day) (Year)
Fe. SINGLE X TWIN	TRIPLET 1ST	ZND 3R	STILLBIRTH 1_	21 54
7. FATHER'S a. (First)	b. (Mid		c. (Last)	8. COLOR OR RACE
Rov		Vai	n Zanfe	White
9. AGE (At time of this birth) 10. BIRTHPLACE (St	ate or foreign country)	11a. USUAL OCCUPATIO	ON 11b. KIND OF	BUSINESS OR INDUSTRY
YEARS Emmett	Idaha	Farmer		
12. MOTHER'S a. (First) MAIDEN	b. (Mid		c. (Last)	13. COLOR OR RACE
NAME Marle		H <sub>1</sub>	umphrevs	White
14. AGE (At time of this birth) 15. BIRTHPLACE (84		,	SLY BORN TO THIS MOTHER	
years Chester	, Idaho	a. How many children are now living?	o. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	1 [	6 /	nine	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREG-   18b. WEIGHT AT BIRTH		Ra.		
NANCY // O	Approximate da	serological test for	r syphilis performed?	Yes No
7 U WEEKS 7 LBS. X OZS.		2/1	r / 5.5	32
CAUSE OF STILLBIRTH	4	( 1. ]	4.	54,5
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CA	rginda	deforme	ui 1	
use such terms as Stillbirth, 20b. MATERNAL CA Prematurity, Asphyxia, etc.)	USEN	- /		•
1 /14	drann	uno :		·
21. STATE ANY COMPLICATIONS OF PREGNANCE	IND LABOR	22. STATE ALL OPERAT	IONS FOR DELIVERY	
Ny drammer	ns,	ejusal	iny	
I hereby earlify that I 23a. ATTENDAN attended the birth of this	ÍT'S SIGNATURE	(Specify if M. D.,	midwife, or other)	23b. DATE SIGNED
child who was born dead	march	C. Luke	7/14E).	1/21/59.
on the date stated above 23c. ATTENDANT'S	ADDRESS	attended by	RE OF AUTHORIZED OFFICIA	L TITLE
25a. BURIAL, CREMA-   25b. DATE	25c. NAME OF CEMETER	physician   Y OR CREMATORY   2	5d. LOCATION (City, town, or	county) (State)
TION, REMOVAL (Specify)				_
Burial Jan. 22,54  PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Sunset Mem	Park DIRECTOR	Jwin Falls,	
REG.		TUNERAL LIRECTOR	1 An - 12	DRESS
Jan. 22, 1954 Comma X	an () ong	the state of	willy -	urn falls,
		\ /		Idah
		<del></del>		

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PHS-797(VS) P. Sur FECEIVED Revision of Standard Certificate)  State File No				
FEDERAL SECURITY AGENCY EB 2 1 COERTIFICATE OF STILLBIRTH			Local Reg. No. 49	
Division of Vital Statistics State of Idaho R				No 3.70
1. PLACE OF STILLBIRTH a. COUNTY	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)			
Ada	a. STATE Idaho b. COUNTY Ada			Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR	c. CiTY (If outside corporate limits, write RURAL and give township) OR			
TOWN Boise	Town Boise			
C. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION  OA Alabanaa	d. STREET (If rural, give location) ADDRESS			
3. CHILD'S NAME	il 2224 Idaho St.			
((Type or Print)				
4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year)				
Male single Twin Triplet Ist 2ND 3RD STILLBIRTH Feb. 13 1954				
7. FATHER'S a. (First) b. (Midd NAME	·	c. (Last)		8. COLOR OR RACE
Kenneth H.	Ha.mn			white
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	NOIT	11b. KIND OF	BUSINESS OR INDUSTRY
38 YEARS Salem, Oreg.  12. MOTHER'S a. (First) b. (Midd	Fireman	c. (Last)		13. COLOR OR RACE
MAIDEN NAME Gretta Ann	,	liley		white
14. AGE (At time of this birth)   15. BIRTHPLACE (State or foreign country)			HIS MOTHER (	Do NOT include this child)
37 YEARS NUSSA OFE	a. How many chil-	b. How many o	hildren were	c. How many OTHER
17. INFORMANT	dren are now living? born alive but are		now dead?	children were stillborn (born dead after 20 weeks
Senseth V. Jamman			ļ	pregnancy)?
18d LENGTH OF PREGNANCY NANCY LBS. OZS. Approximate date 19 Was a standard serological test for syphilis performed? Yes				
CAUSE OF STILLBIRTH State only morbid conditions Colors Colors Causes				
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES				
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR PELI	VERY	4
The state of the s	con repl	cy-	to	reps'
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	(Specify if M. I	midwife, or other	r)	23b. DATE SIGNED
child who was born dead on the date stated above 23c. AFTENDANT'S ADDRESS	II NOT   24 SIGNAT	TURE OF AUTHOR	IZED OFFICIAL	TITLE
at m. Dans Ilops	attended by physician	TORE OF AUTHOR	IZED OFFICIAL	. IIILE
25a, BURIAL, CREMA- TION, REMOVAL (8pectly) 25b. DATE 25c. NAME OF CEMETERY	Y OR CREMATORY	25d. LOCATION (	City, town, or	county) (State)
Burial Feb. 15 1954 Cloverdale			Boise	Idah <b>o</b>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT			DRESS
2-15-54   Myttle Talmer   Schreiber-McCann-Gibson-Boise				
Gariel & Gleon				

St. Ost

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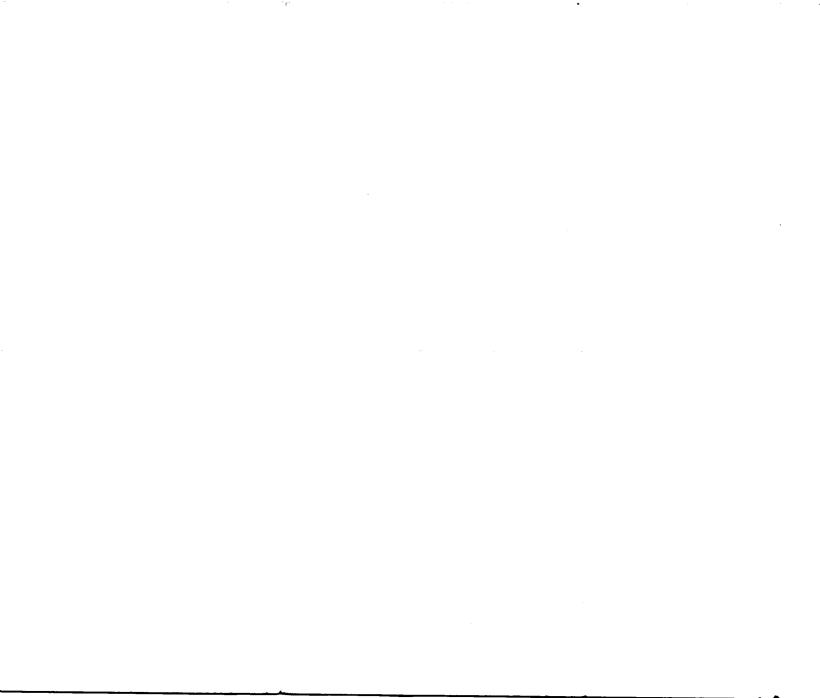
	Ch E	CEIVE	'ם'					(4
PHS-797(VS)	2.0	REID	110/0 Raninian of	Standard Certificate	e)	State File		J
FEDERAL SECUE	RITY AGE	MEG T 9 1954	CERTIFICATE	OF STILL BIE	TH.		. No. 7/	
PUBLIC HEALTH SI	- Waring	NEX 1 3 1954 In of Vital Stati	(1949 Revision of CERTIFICATE State of	Idaho	<b></b>		No.370	
1. PLACE OF S	TILLBIF	₹ТН		2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?)	
a. COUNTY	Δ	da		i a STATE	daho	b. COUNTY	Ada	
b. CITY (If outsid		imits, write RURAL and	give township)	c. CITY (If outside or		PUPAL and sine		
OR TOWN		Boise		OR TOWN		arozana and give	www.meargy	
c. FULL NAME C	OF (If not in		ive street address or location)	d. STREET	Boise (If rural, give loc			
HOSPITAL OR				li ADDRESS				
3. CHILD'S NA	200	Alphonsus	nospital	} 	<u>6215 Fair</u>	view	*	
(Type or Prin								
			OY PURCELL					
4. SEX	5a. THIS	BIRTH	5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DAT	E OF (Mont	th) (Day)	(Year)
Male	SINGLE	TWIN 🗶	TRIPLET 1ST		3RD		ruary 27.	1954
7. FATHER'S NAME		a. (First)	b. (Midd	lle)	c. (Last)		8. COLOR OR F	RACE
74740155		Robert	E.		Purcel	1	White	
9. AGE (At time of t	his birth)		State or foreign country)	11a. USUAL OCCUPAT			BUSINESS OR II	NDUSTRY
23	YEARS	Boise		Gunsmith			_	
12. MOTHER'S	TEARS	a. (First)	b. (Midd		c. (Last)	Sporett	g goods 13. COLOR OR	BACE
MAIDEN		_ ` _ `	5. (22121	,				MAGE
14. AGE (At time of t	hie hieth)	Bonnie	State or foreign country)	16 CHILDDEN DDEVI	Doolin	THE MOTHER (	White	43.6-3.03
7.0		i .		16. CHILDREN PREVIO			c. How many	
17. INFORMAN	YEARS T	Cedar Cit	y, Utah	a. How many children are now living?	b. How many oborn alive but ar	e now dead?	children were (born dead after pregnancy)?	still born
/s/ Mrs. B	onnie	Purcell		0	o		0	
18a. LENGTH OF PI		WEIGHT AT BIRTH	19 Was a standard	serological test f	or syphilis pe	erformed?	Yes X N	To.
WEEKS		LBS. OZS.	Approximate da		v 1953			
CAUSE OF STIL	ם שמום ז	20a. FETAL CAUSE	S	·				9.6
State only morbid	conditions	, r	nknown					110
causing fetal death	(do NOT Stillbirth.	20b. MATERNAL C				. —	· · · · · · · · · · · · · · · · · · ·	
Prematurity, Asphy	xia, etc.)	1	nknown					
21 STATE ANY COL	MPI ICATIO	NS OF PREGNANCY		22. STATE ALL OPER/	TIONS FOR DELL	VEDV		
				a. STATE ALL OF ERV	TIONS TON DELI	TERT		
I hereby certij	fy that I	23a. ATTENDA	NT'S SIGNATURE	(Specify if M. I	)., midwife, or oth	er)	23b. DATE SIGN	ED
attended the birt		Hano	Cd 15. 14	ulme 1	$n$ $\mathcal{Q}$ .		2 March	1954
child who was be on the date stat	orn aeaa ed above	23c. ATTENDANT'S	ADDRESS	If NOT   24. SIGNA	TURE OF AUTHOR	IZED OFFICIAL		TITLE
at	m	Boise, I	daho	attended by physician				
25a. BURIAL, CRE TION, REMOVAL (Spe	M A-   25b.	DATE	25c. NAME OF CEMETER		254_LOCATION	City town or	onntv)	(State)
		ם כו.	i		<b>-</b> ノ _		•	(2.20)
Cremation DATE REC'D BY LO		3-3-54 SISTRAR'S SIGNATUR	St. Alphons				raho Dress	
	REG. REG	A H	201	26. FUNERAL DIRECT	OR 1 12	L PAD		
J-3-54		rupul	Talmer	1 Just 8	WIN	EUFE	218 N.	Latah
		V		RELYEA MOR	RTHIARY		Boise,	Idaho
								<u> </u>

APR 1 3 1954

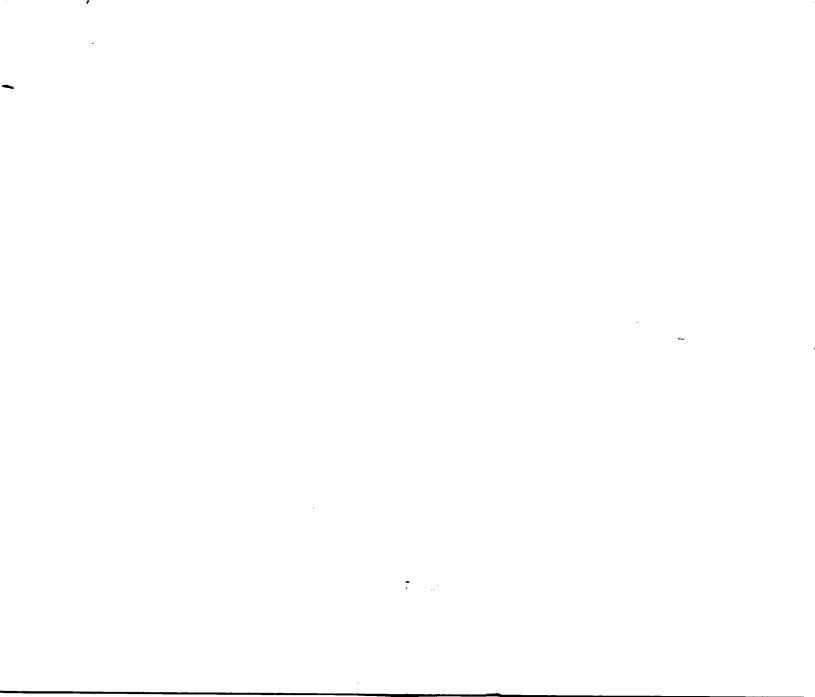
PHS-797(VS)	RE	CEIVE	(1949 Re	vision of	Standard Certificate	e)	State File	No	<i></i>
EDERAL SECURI PUBLIC HEALTH SER	TY AGE	XX 1 3 1954	CERTIFIC	CATE	OF STILLBIF	RTH	Local Reg	No. 37/	
I. PLACE OF ST				State of	Idaho		reg. Dist.	NO	*********
1. PLACE OF ST a. COUNTY	TILLBIF	STH. LINES DES	COLLEGE		2. USUAL RESID	ENCE OF MO	OTHER (When	e does mother live?)	
a. COUNTY A	da				a. STATE Idah	10	b. COUNTY	Ada	
b. CITY (If outside OR	corporate l	imite, write RURAL a	and give township)		c. CiTY (If outside of	rporate limits, write	RURAL and give		
TOWN	oise				OR TOWN Boise				
c. FULL NAME OF HOSPITAL OR	(If not in	hospital or institution	, give street address or	r location)	d. STREET ADDRESS	(If rural, give lo	ocation)		
INSTITUTION	St.	Alphonsus	Hospital		ADDRESS 621	5 Northwi	Low		
3. CHILD'S NAN ((Type or Print)	_	BABY BOY	PURCELL						
4. SEX	5a. THIS			5b. IF T	WIN OR TRIPLET (This e	hild born) 6, DA	TE OF (Mon	th) (Day)	(Year)
Male	SINGLE	Twin 🛣	TRIPLET	1ST [	7 [7	3RD STI	LLBIRTH_		
7. FATHER'S		a. (First)		b. (Midd		c. (Last)	190	ruary 27.	1954
NAME		Daham		`_	•	,			
9. AGE (At time of this	e birth)	Robert 10. BIRTHPLACE	(State or foreign cour	E.	11a. USUAL OCCUPAT	Purce		White BUSINESS OR IN	IDUSTRY
23	YEARS	1			i	1014	1	_	IDUSIRY
2. MOTHER'S	TEARS	Boise,	Idaho	b. (Midd	Gunsmith	o (Tast)	Sporting		0405
MAIDEN NAME		_ , ,		b. (Midd	ue)	c. (Last)		13. COLOR OR	RACE
4. AGE (At time of this	- hi-sh)	Bonnie				Doolin		White	
4. AGE (At time of the			(State or foreign cour	ntry)	16. CHILDREN PREVIO				
18	YEARS	<u>  Cedar Ci</u>	ty. Utah		a. How many chil- dren are now living?	<ul> <li>b. How many born alive but a</li> </ul>	children were re now dead?	c. How many (	stillborn
7. INFORMANT	_		<i>a</i> -		0	Ð		(born dead after pregnancy)?	20 weeks
Mrs. C	Sonn	ue Vu	reell					0	
8a. LENGTH OF PRE NAN		WEIGHT AT BIRTH	wasas	tandard	serological test f	or syphilis p	erformed?	YesX N	o
WEEKS		LBS. OZ	S.   Approxi	mate da		53		/ \	·
CAUSE OF STILL	BIRTH	20a. FETAL CAUS			0 1			3	7,6
tate only morbid co	onditions	Unk	Nwo		V				
ausing fetal death (c se such terms as S rematurity, Asphyxi	tillbirth,	20b. MATERNAL	CAUSES				·-		
		unk	NWON						
1. STATE ANY COMP	PLICATION	S OF PREGNANCY	AND LABOR		22. STATE ALL OPERA	TIONS FOR DEL	IVERY	<del></del>	
I hereby certify	that I	23a. ATTEMDA	ANT' SIGNAT	WE	(Specify if M. I	., midwife, or oth	ier)	23b. DATE SIGN	ED
ttended the birth	of this	Hav	Ild 1	<b>⋨</b> .	Huling	M.T	·	2 March	2,95
hild who was bor n the date stated		23c. ATTENDANT	'S ADDRESS	<u>, , </u>	If NOT   24. SIGNAT	URE OF AUTHO	RIZED OFFICIAL	т	ITLE
t	m.	R	· Ida	l.	attended by physician	ONE OF AUTHOR	INIZED OF FICIAL	-, ·	1166
a. BURIAL, CREM	A- 25b.	DATE	25c. NAME OF	CEMETERY	OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
ION, REMOVAL (Spect	fy)	time					· -		(
remetion ATE REC'D BY LOCA	AI PEG	STRAR'S SIGNATU	St. Alph	onsus	Hospital			daho	
2 3 F.J. RE		nan 3 SIGNATU	$\mathcal{L}_{I}$	. /	40. FUNDAMAL DIRECTO	1///-	AD AD	DRESS	
7-5-54	1//	agrice	alme		usself	11.12	use:	18 N. Lat	ah
		V		(	RELYEA MO	RTITARY	γ	oise Ida	ho
					ABULUA NO	TANKI.	<del>7</del> D(	ATCH TON	<del></del>

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1 4-40	Standard Certificate		No
PUBLIC HEALTH SERVICE 13 1954 CERTIFICATE	TH Local Reg	No49	
Division of Vital Statistics State of	Idaho	Reg. Dist.	No. 370
1. PLACE OF STILLBIRTH a. COUNTY	a. STATE	ENCE OF MOTHER (When	e does mother live?)
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	c. CITY (If outside con OR TOWN	rporate limits, write RURAL and give	township)
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	d. STREET ADDRESS	(If rural, give location) 2.15 7. 23.4	•
3. CHILD'S NAME ((Type or Print) Infant Gil Steen	w		
4. SEX   5a. THIS BIRTH   5b. IF TO   SINGLE   TWIN   TRIPLET   1ST	WIN OR TRIPLET (This of	bild born) 6. DATE OF (Mon STILLBIRTH	th) (Day) (Year)
7. FATHER'S a. (First) b. (Middle Hanney A	le)	c. (Last)	8. COLOR OR RACE
9. AGE (At time of this birth)  30. YEARS  10. BIRTHPLACE (State or foreign country)  YEARS	11a. USUAL OCCUPAT	ION 11b. KIND OF	BUSINESS OR INDUSTRY
12. MOTHER'S a. (First) b. (Midd MAIDEN NAME	le)	c. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	USLY BORN TO THIS MOTHER (	Do NOT include this child)
27 YEARS Idaha	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
Tenry a. Stoesser	3	0	(born dead after 20 weeks prognancy)?
18a. LENGTH OF PREGNANCY LBS. WEIGHT AT BIRTH OZS. 19 Was a standard Approximate date	serological test for	or syphilis performed?	Yes
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT	2 Abry	bitio + fr	ematurity
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead	(Specify if M. D	o, midwife, or other)	3-/-
atm. 23c. ATTEMANT'S ADDRESS	attended by physician	TRE OF AUTHORIZED OFFICIA	L TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Lb 28-1434 25c. NAME OF CEMETERY Cremolium Lb 28-1434 26 Line, A	OR CREMATORY	25d. LOCATION (City, town, or	ounty) (State)
3-2-54 REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTO	··· // / /	Cere Tur
/			



PHS-797(VS)	RECEIV	ED.	«			00
4-48	V AGENCYA (L.D. 1.0. 1.0.	(1949 Revision of	Standard Certificat	e) Stat	e File No	<u> </u>
PUBLIC HEALTH SER		<b></b>		RIH LOCE	al Reg. No	
1 PLACE OF CT	Division of Vital	Statistics State of				
a. COUNTY	Dan Dan	nock	a. STATE	dalo b. COL		rot)
b. CITY (If outside o OR TOWN	orporate limits write RURAL and	give township)	c. CITY (If outside of OR TOWN	Poro tell	and give township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institution, gived the company of the compa	Ve street address or location)	d. STREET ADDRESS	(If rural, give location)	36,000	
3. CHILD'S NAM {(Type or Print)	* Hille	nt 6	rwin		Heen	
4. SEX NU 5	a. THIS BIRTH	TRIPLET 1ST	WIN OR TRIPLET (This	child born) 6. DATE OF STILLBIRTI	(Month) (Day)	(Year)
7. FATHER'S NAME	Hilbert	b. (Middle English)		c. (Last)	8. COLOR C	
9. AGE (At time of this	birth) 10. BIRTHPLACE (St. ZEARS)	So. Alak t	11a. USUAL OCCUPA	<u> </u>	IND OF BUSINESS O	R INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Midd	•	C. (Last)	13. COLOR	OR RACE
14. AGE (At time of this	birth) 15. BIRTHPLACE (St	ate or foreign country)	16. CHILDREN PREVI	OUSLY BORN TO THIS MO	THER (Do NOT inch	ide this child)
21 17. INFORMANT	YEARS Malad	9 daho	a. How many children are now living?	b. How many children born alive but are now d	were c. How man children we (born dead a pregnancy)?	ere stillborn fter 20 weeks
18a. LENGTH OF PREC NANC WEEKS	18b. WEIGHT AT BIRTH	<sup>19</sup> Was a standard Approximate dat	serological test	or syphilis perforn	ned? Yes.	No
CAUSE OF STILLE State only morbid cor causing fetal death (de	nditions /	malle	infan	t - Iln	i a ful	16.195
causing fetal death (duse such terms as St Prematurity, Asphyxia	ilibirth, etc.) MATERNAL CA	uses Sefra	ution	7 Plane	-la	
21. STATE ANY COMPL	LICATIONS OF PREGNANCY A	ND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY		
I hereby certify attended the birth child who was born	of this the desired the desired the desired to the	TA SIGNATURE	(Speeding in M.)	o., midwife, or other)	23b. DATE S	IGNED >
on the date stated at 11'10B	m. P3c. ATTENDANT'S	Odla	If NOT 24. SIGNA attended by physician	TURE OF AUTHORIZED O	FFICIAL	TITLE
25a. BURIAL, CREMA TION REMOVAL REPORTS	Feb.7,1954	25c. NAME OF CEMETERY Aberdeen	OR CREMATORY	Aberdeen	own, or county)	daho
MAR 8 1954			26. FUNERAL DIRECT Downard F	or uneral Home	ADDRESS Pocatel	lo, Id.
			y Dung	neff		
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PHS-797(VS) FEB 22 1954949 Revision of	Standard Certificat	e) State File	No
FEDERAL SECURITY AGENCY.  PUBLIC HEALTH SERVICE DIVISION OF VITAL STATES	OF STILLBIR	RTH Local Reg	No. A
State of	Idaho	Reg. Dist.	No (0.1.0
1. PLACE OF STILLBIRTH	2. USUAL RESID	ENCE OF MOTHER (When	e does mother live?)
a. COUNTY Bonne ville	a. STATE	a 4 . b. COUNTY	Jark
b. CITY (If outside comparate limits, write RURAL and give township) OR TOWN  A 4 16 Fall'5	c. CITY (If outside of OR TOWN	prporate limits, write RURAL and give	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION & D.S. HOSPITAL	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME ((Type or Print) Linda Lee	GNein	TNG	
4. SEX 5a. THIS BIRTH 5b. IF T	WIN OR TRIPLET (This o	6. DATE OF (Mon	th) (Day) (Year)
7. FATHER'S a. (First) b. (Midd	le)	c. (Last)	8. COLOR OR RACE
Ned Milton G	neiting		White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)  23 YEARS Zaho Falls Zah	Mancher	TON 11b. KIND OF	BUSINESS OR INDUSTRY
12. MOTHER'S (First) b. (Midd	le)	c. (Last)	13. COLOR OR RACE
NAME Darbara hee	/	Elerson	white
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTHER (	
17. INFORMANT	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
Wed Davidin	/	0	(born dead after 2° weeks pregnancy)?
18a. LENGTH OF PREGNANCY WEEKS LBS. OZS. Approximate da:	serological test f	or syphilis performed?	
CAUSE OF STILLBIRTH   20a. FETAL CAUSES	/		<u> </u>
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES	Double Face	, anencepholic,	spaina bifida
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22 CTATE ALL OPEN	TIONS FOR PET WITE	
2. SYNTE SINT COMPLICATIONS OF TRESHARCE AND EABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	(Specify if M. I	)., midwife, or other)	23b. DATE SIGNED
child who was born dead on the date stated above 23c. ATTEMPANT'S ADDRESS	M.D.		
	If NOT 24. SIGNAT attended by physician	TURE OF AUTHORIZED OFFICIAL	L TITLE
250 BORIAL, CREMA- TION, REMOVAL (Specify) Jeb-6, 1954 NOSCHILL C	OR CREMATORY  Chetery	25d. LOCATION (City, town, or	County) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FENERAL DIRECTO	DBy _ AD	DRESS
tet. 18-1954   tema (Judges)	Deo a. M	elliamo Jda	40 Fells Totals

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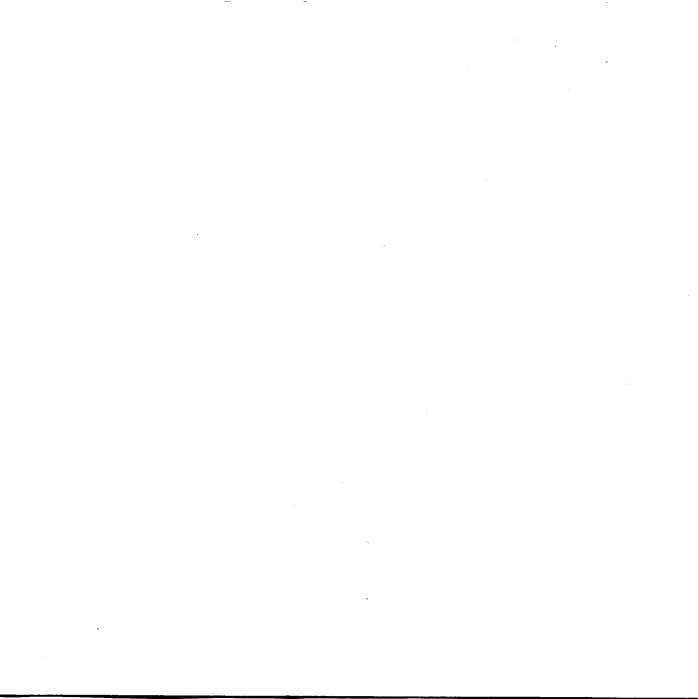
PHS-797(VS)	RECEIV	E Demision of	Standard Guite	,		2.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NCY MAD 1 POE	ETIFICATE	osanaara Cerujicat	e) <b></b>	State File	No	>=====================================
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	1111/41/ 1 / 12/2	.CVIICIVAIC	OL SHIFFDH	KIM	Local Reg	No520	
	Division of Vital S	State of					) <b>€</b> r.±
• COUNTY			2. USUAL RESID				
Caribo			a. Sikie Ide	aho	b. COUNTY	Caribou	
b. CITY (If outside corporate I OR	imits, write RURAL and give	township)	C. CITY (If outside of OR			township)	
TOWN Soda S	prings		TOWN SO	da Springs	3		
	hospital or institution, give atribou County Ho		d. STREET ADDRESS	(If rural, give loc	ation)		
3. CHILD'S NAME ((Type or Print)							
4. SEX 5a. THIS	BIRTH	,5b. IF T	WIN OR TRIPLET (This	hild born)   6. DATI	OF (Mont	th) (Day)	(Year)
SINGLE	TWIN -	TRIPLET   1ST	ZND	3RD STIL	LBIRTH TO	_	
7. FATHER'S NAME	a. (First)	b. (Midd		c. (Last)	re	bruary 5 8. COLOR OR R	1954 ACE
NAME.	Jimmy	<b>V</b> al	ville	Benham		1870-3-4	
9. AGE (At time of this birth)	10. BIRTHPLACE (State o		11a. USUAL OCCUPAT		11b. KIND OF	White BUSINESS OR IN	DUSTRY
2), YEARS	Vakima W	ashington	M	_			
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le) Truck dr	c. (Last)		13. COLOR OR F	RACE
NAME	Marv	Aril	lia	Chugg		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (State o		16. CHILDREN PREVIO		HIS MOTHER (		his child)
21 YEARS	Soda Sprin	gs. Laaho	a. How many chil-	b. How many c	hildren were	c. How many C	THER
17. INFORMANT	10	- Anna	dren are now living?	born alive but are	now dead?	children were s (born dead after 2	tillborn Ƙweeks
Y allen c	Sem han	Mother	,	^		pregnancy)?	
18a. LENGTH OF PREG-   18b.	WEIGHT AT BIRTH   19		serological test f	on ambilia po	mformed 9	Yes N	<del></del> .,
36 WEEKS	4 LBS. 3 OZS.	Approximate dat	te	or sypinus pe	riorineu :	Yes No	المستنبق المراض
CAUSE OF STILLBIRTH	20a. FETAL CAUSES						D ( <u>D C</u>
State only morbid conditions	·				,		
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES	Mather	had 5	4 shili	wh	ich 1	rad been
Prematurity, Asphyxia, etc.)	a de sua	the French	Par	( December 1)	2 0	+ 1 40	e / . >
21. STATE ANY COMPLICATION	S OF PREGNANCY AND	LABOR	22. STATE ALL OPERA	ATIONS FOR DELIV	ERY	W Bru	7. pr Jye
_	Mana e		non			•	
I hereby certify that I	23a. ATTENDANT'S	SIGNATURE	(Specify if M. T	midwife, or other	<u> </u>	23b. DATE SIGNE	
attended the birth of this		10- 11	11.15	L	$\mathcal{D}$ .	7/7	11
child who was born dead on the date stated above	23c. ATTENDANT'S ADD	RESS	If NOT   24. SIGNAT	TURE OF AUTHOR	ZED OFFICIAL	4//	<u>J 7</u>
at 11 PM m	Sad, Com.		attended by physician	TONE OF AUTHOR	LED OF FICIAL	• •	100
TIQN, REMOVAL (Specify)	DATE 25c	. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (	City, town, or o	ounty) (	State)
DATE REC'D BY LOCAL   REG	LETRAR'S SIGNATURE		26 Etments process	70 C		DDECC	<del></del>
2- 17-54 REG.	thy Mae	Section	26. PENEUAL DIRECTO	Bourn	/ -	A	atenden
		,	Ca	ribou	Cour	tu S	Hospita

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PHS-797(VS)  4-48  4-48  1054  1054  1054  1054  1054  1054	Standard Certificat	State File	No W
FEDERAL SECURITY AGENCIAL A TO 1912 LIGHT AT C	OF STILLBIR	RTH Local Res	
Division of Vital Statistics State of		Reg. Dist.	No. 470
I. PLACE OF STILLBIRTH		ENCE OF MOTHER (When	
a. COUNTY	a. STATE 9	b. COUNTY	mindoka,
b. CITY (If outside corporate lights, write RURAL and give township)	c. CITY (If outside of	rporate limits, write RURAL and give	
TOWN Bully	OR TOWN	Ruggerto 2d	2/10
c. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cottage Hospitals	d. STREET ADDRESS	(If rural, give location)	) ,
3. CHILD'S NAME ((Type or Print) Lauretta Wiann	Pelton		
	WIN OR TRIPLET (This	hild born) 6. DATE OF (Mon	th) (Day) (Year)
Z male   SINGLE   TWIN   TRIPLET   1ST	2ND	3RD STILLBIRTH Ze	8 27 1954
7. FATHER'S a. (First) b. (Middle NAME	le)	c. (Last)	8. COLOR OR RACE
- lehartes ).		Pettons	White.
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	TON 11b. KIND OF	BUSINESS OR INDUSTRY
2 g YEARS Wyoning		ic Orc	hestra
12. MOTHER'S a. (First) B. (Middlen NAME	10	c. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16 CHU DREN PREVIO	DUSLY BORN TO THIS MOTHER	(Do NOT include this child)
2 D YEARS Pulled 9 Jales	a. How many chil-	b. How many children were	c. How many OTHER
17. INFORMANT	dren are now living?	born alive but are now dead?	children were stillborn (born dead after 20 weeks
	none	nor	prognancy)?
18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH   19 Was a standard	serological test f	or syphilis performed?	
HO WEEKS LBS. OZS. Approximate dat	e	or syphias performed:	Yes No
CAUSE OF STILLBIRTH   20a. FETAL CAUSES	<i>I</i> = (D)	1	
State only morbid conditions ausing fetal death (do NOT	- To In	dapse of un	ubilied Carel
use such terms as Stillbirth, Prematurity Asphysia etc.)			
rane			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	A .	TIONS FOR DELIVERY	1 + 6 ( )
Toolking Greech -	External	Version or	eech lo Cephola
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	(Specify if M. I	., midwife, or other)	23b. DATE SIGNED
child who was born dead	lon V	n.a.	3-3-54.
on the date stated above 23c. APTENDANT'S ADDRESS at	If NOT 24. SIGNAT attended by physician	URE OF AUTHORIZED OFFICIA	L TITLE
25a. BURIAL, CREM A- TION, REMOVAL (Bpecity) 25b. DATE 25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
	View	BURLEY 10	AHO
	26. FUNERAL PRECTO		DRESS
Mar. 5, 1854 Wella Jollers	Dar	the sains.	- BURLEY
	0	The state of the s	

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PHS-797(VS) 4-48 FEDERAL SECURITY PUBLIC HEALTH SERVIC		ERTIFICATE (	of Stillbir	?TH L∞	te File No
1. PLACE OF STIL	LBIR Pinision of Vital	D1010 01		ENCE OF MOTHE	R (Where does mother live?)
	nklin		a. STATE Ida		DUNTY Franklin
OR _	corate limits, write RURAL and giv	e township)	I OP	rporate limite, write RURA 1rv1eW	L and give township)
	not in hospital or institution, give a eneral Memoria		d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME ((Type or Print)	Nicolen G	ilbert			
	THIS BIRTH	TRIPLET 1ST	WIN OR TRIPLET (This of	hild born) 6. DATE OF STILLBIRT	(Month) (Day) (Year) TH Jan. 21, 1954
7. FATHER'S NAME	a. (First)	b. (Midd arlow	Gilber	c. (Last)	8. COLOR OR RACE White
9. AGE (At time of this bid	rab) 10. BIRTHPLACE (State Fairview,		11a. USUAL OCCUPAT Farmer		KIND OF BUSINESS OR INDUSTRY OWN Farm
12. MOTHER'S MAIDEN NAME	a. (First) Carol	b. (Midd	•	c. (Last) ng ham	13. COLOR OR RACE White
17. INFORMANT	ears Preston		a. How many children are now living?	b. How many childre born alive but are now	(born dead after 20 weeks pregnancy)?
F. Ba.  18a. LENGTH OF PREGNANCY WEEKS	rlow Gilbert    18b. WEIGHT AT BIRTH   1   LBS. 9 OZS.     20a. FETAL CAUSES	<sup>9</sup> Was a standard Approximate da	serological test f	or syphilis perfor	med? YesX No
CAUSE OF STILLBI: State only morbid cond causing fetal death (do use such terms as Still Prematurity, Asphyxia, e	itions NOT birth, 20b. MATERNAL CAUS	Dlacent	tax		361
21. STATE ANY COMPLIC	CATIONS OF PREGNANCY AND		22. STATE ALL OPERA	ATIONS FOR DELIVERY	<u> </u>
I hereby certify the attended the birth of child who was born	this	SIGNATURE	Englity If M. I	)., midwife, or other)	23b. DATE SIGNED 122/54
on the date stated of at 10'25 an	n. 23c. ATTENDANT'S AD	odress	attended by physician	TURE OF AUTHORIZED	/
25a. BURIAL. CREMA- TION REMOVAL (Speedly) BURIAL	Jan.22,1954	5c. NAME OF CEMETERY Comotory	, Fairview		w Idaho
DATE REC'D BY LOCAL REG. 1_11./554	REGISTRAR'S SIGNATURE	Brower	26. FUNERAL DIRECTO		Preston, Idaho
·	· / /	2.3			



## PHS-797(VSRECEIVED 4-48 FEDERAL SECURITY ASSISTED 1954

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

Loca	l Reg	No.	۵.ک	 7 O	••••
	Diet				

,,	V:4-1 Statistics	State of	ldaho	reg. Dist.	110
1. PLACE DIVISION B	RTH		2. USUAL RESID	ENCE OF MOTHER (When	e does mother live?)
a. COUNTY	GOODING		O CTATE	DAHO b. COUNTY	GOODING
b. CITY (If outside corporate	limits, write RURAL and gi	ve township)	c. CITY (If outside co	rporate limits, write RURAL and giv	
TOWN NO. E.	. HAGERMAN		TOWN 4	MI.NO.E.HAGERI	MAN
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION	n hospital or institution, give	street address or location)	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME					
((Type or Print)	LOUISE	KOLDEWEY			
4. SEX 5a. THIS	BIRTH	55. IF T	WIN OR TRIPLET (This cl		
F		TRIPLET 1ST	2ND :	STILLBIRTH F	EB.25,1954
7. FATHER'S NAME	a. (First)	b. (Midd	•	c. (Last)	8. COLOR OR RACE
NAME.	R.	J		KOLDEWEY	l W
9. AGE (At time of this birth)	10. BIRTHPLACE (Sta		11a. USUAL OCCUPAT	ION 11b. KIND O	BUSINESS OR INDUSTRY
lio YEARS	s DECATU	JR INDANA	FARMER		
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	•	c. (Last)	13. COLOR OR RACE
NAME	LEAH	M	·G	RIFFITH	W
14. AGE (At time of this birth)	15. BIRTHPLACE (Sta	te or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTHER	(Do NOT include this child)
30 YEARS	DECATUR .	<u>LNDANA</u>	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
17. INFORMANT	700	· · · · · · · · · · · · · · · · · · ·		•	(born dead after 20 weeks pregnancy)?
19:7-	16 lewe	4	TWO	NONE	pregnancy 2NE
18a. LENGTH OF PREG- 18	b. WEIGHT AT BIRTH			or syphilis performed?	YesNo
WEEKS	LBS. OZS.	Approximate dat	te.		1.3214
CAUSE OF STILLBIRTH	1 ' /		7-7		hrestal
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth	B	Joema	eury-	gnila nev	attempted of
use such terms as Stillbirth Prematurity, Asphyxia, etc.)	, 20b. MATERNAL CA	ISES UNI-	eclasins	ria -	not heart
21. STATE ANY COMPLICATION	ONS OF PREGNANCY AL	ND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
pro-ce	clamp	sià l			
I hereby certify that I		T'S SIGNATURE	(Specify if M. I	), midwife, or other)	23b. DATE SIGNED
attended the birth of this	1	auruca.	VC116	101.0	12/27/1954
on the date stated above	23c. ATTENDANT'S A		If NOT 24. SIGNAT	TURE OF AUTHORIZED OFFICIA	AL TITLE
at 7:15 P m.	WENDELL	IDAHO	physician		
25a. BURIAL, CREMA- 25 TION, REMOVAL (Specify)	b. DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (City, town, or	
BURIAL	2/27/1954	WENDELL	1- <del></del>	CITY	<u>IDAHO</u>
DATE REC'D BY LOCAL REG.	EGISTRAR'S SIGNATURE		26. FUNERAL DIRECT	OR A	DDRESS
	<u> </u>		y Janua	waver 1	I ladell
			U		Asako.

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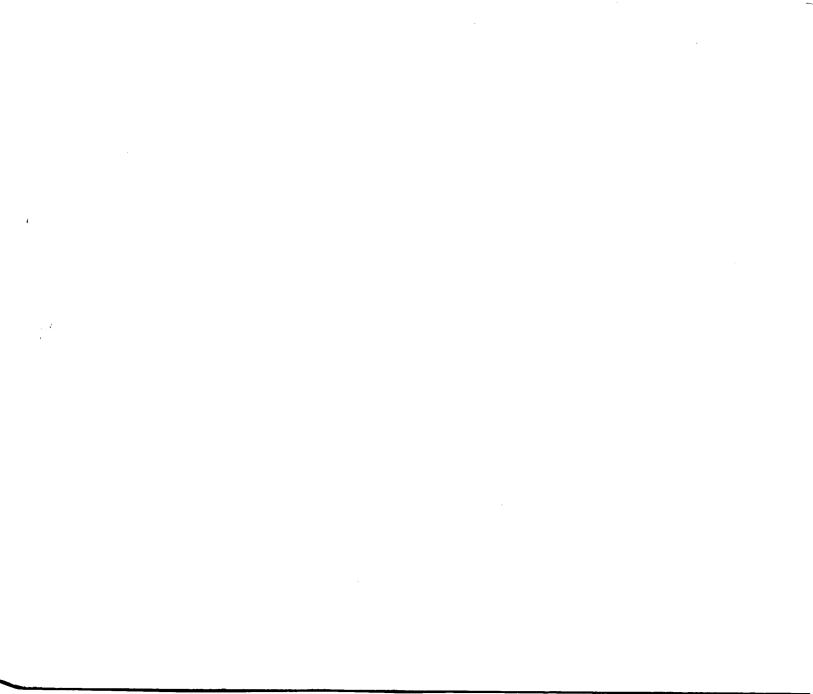
N-	ighe	<b>FED 1</b> 9 10	: 			· · ·	$\mathbf{O}_{j_1}$
PHS-797(VS) 4-48	U	LED TO IS	54 (1949 Revision o	f Standard Certifica	ie)	State File	No
FEDERAL SECUR PUBLIC HEALTH SE	ITY AGE RVICE	ENCY	CERTIFICATE	OF STILLBI	RTH	Local Reg	
			State o	of Idaho		Reg. Dist.	No. 120
1. PLACE OF S	TILLBI	RTH		2. USUAL RESID	DENCE OF M	OTHER (When	e does mother live?)
a. COUNTROOT	enai			a. STATE I	daho	ь. $county_K$	ootenai
b. CITY (II outside OR TOWN COEU	r d !	limite, write RURAL and Alene	i give township)	c. CITY (If outside of OR TOWN	orporate limita, write Coeur d		
c. FULL NAME OF HOSPITAL OR INSTITUTION	F (11 not in Lake	hospital or institution.	al Hospital	d. STREET ADDRESS	Rt#1	omation)	
3. CHILD'S NAI	ME.	Baby Infan	4.5		<u> </u>	<del></del>	
4. SEX	5a. THIS	BIRTH	1 5b. IF	TWIN OR TRIPLET (This	ehild born)   6 DA	TE OF (Mont	th) (Day) (Year)
Male 7. FATHER'S	SINGLE	a. (First)	TRIPLET 1ST	2ND	3RD ST	TE OF (Montille) Feb	. 2, 1954
NAME		Voyne	Vroman		c. (Last) Leason		8. COLOR OR RACE White
9. AGE (At time of the	is birth)	1	State or foreign country)	11a. USUAL OCCUPAT	TION		BUSINESS OR INDUSTR
<u>lı2</u>	YEARS		uth Dakota	Laborer		Carp	enter
2. MOTHER'S MAIDEN NAME	E	a. (First) Enid	b. (Mic Eloise	ldle)	c. (Last) Fulton		13. COLOR OR RACE White
4. AGE (At time of thi	ie birth)		State or foreign country)	16. CHILDREN PREVI	OUSLY BORN TO	THIS MOTHER (	Do NOT include this child
1,1	YEARS	Trent,	South Dakota	a. How many chil- dren are now living?	b. How many born alive but s	children were	c. How many OTHER children were stillborn
7. INFORMANT	) G	lesson	)	3	None		(born dead after 2º weeks pregnancy)? None
8a. LENGTH OF PRI NAN WEEKS	EG- 18b.	. WEIGHT AT BIRTH LBS. OZS.	19 Was a standard Approximate de	serological test	or syphilis p	erformed?	Yes No
CAUSE OF STILL	onditions	20a. FETAL CAUSE	S Adda Adda	y Chi	ld de	ad 2	4-48
ausing fetal death (	do NOT	20b. MATERNAL C	AUSES AUSES	100	- belo	u las	201 V deliv
Prematurity, Asphyx	ia, etc.)	h 0		~ ( Train	n Z		
I. STATE ANY COM	PLICATIO	NS OF PREGNANCY	AND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	IVEDV	<u> </u>
non	e			Sanzan	Rotat		Tid forcess
I hereby certify		23a. ATTENDA	NT'S SIGNATURE	A SHOW I M.	, midwife, or oth	her)	23b. DATE SIGNED
ttended the birth hild who was bo		No	ward X	Sugh	as n	1)	2/8/54
n the date stated		23c. ATTENDANT'S	ADDRESS	If NOT attended by physician	TURE OF AUTHO	RIZED OFFICIAL	. TITLE
5a. BURIAL, CREM ION, REMOVAL (Spec Burial	14>	DATE 3-54	25c. NAME OF CEMETER Forest Cemet		25d. LOCATION Coeu	(City, town, or o	ene Idaho
2-9-54	AL REG	STRAR'S SIGNATUR	* Brush	26 FUNERAL DIRECT	or Ich Coeur		oress ne, Idaho
			7	1	· · · · · · · · · · · · · · · · · · ·		

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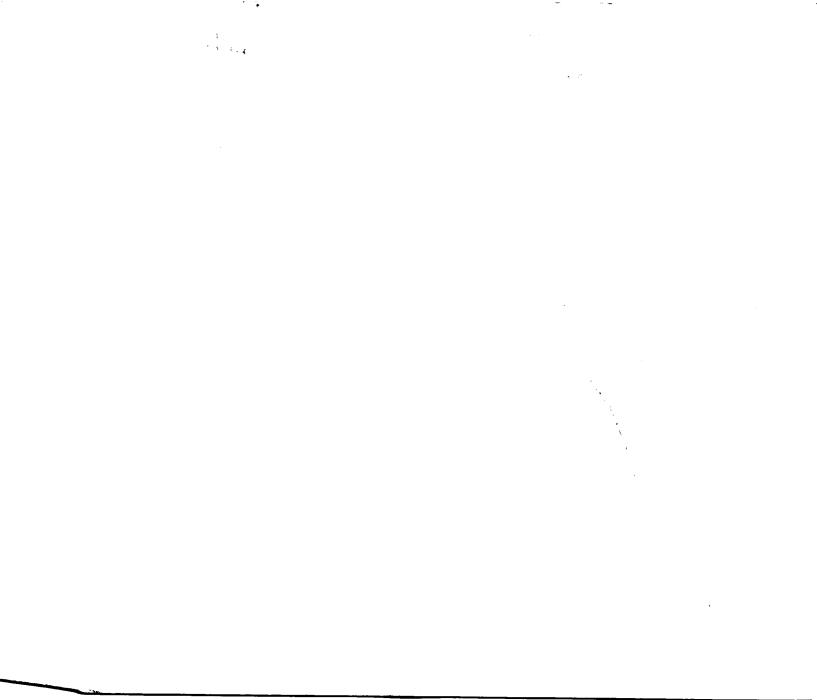
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PHS-797(VS) RECEIVE 19 Revision of	of Standard Certificat	C. E.	No.
FEDERAL SECURITY ASSESSED - SETETIFICATE	OF STILL BIE	TH Local Reg	
PUBLIC HEALTH SERVICE MAR 3 - 1954R I IFICATE	of Idaho	Reg. Dist.	
Division of Vital Statistics			
1. PLACE OF STILLBIRTH a. COUNTY	2. USUAL RESID	ENCE OF MOTHER (Where	does mother live?)
Miniacha		caro e	mudda
b. CITY (If outside corporate limits, write RURAL and give township) OR	II UK	rporate limits, write RURAL and give	township)
TOWN Olypert.	TOWN	Kuput.	
c. FULL NAME OF (If not it hospital or institution, give street address or location)	d. STREET ADDRESS	(If sural, give location)	
INSTITUTION Ruper General Hospid	al Ol	<i>i 3.</i>	
3. CHILD'S NAME ((Type or Print)	D		
Ornce Edward	. Came	eg.	
	TWIN OR TRIPLET (This	bota born) 6. DATE OF (Mon	th) (Day) (Year)
Male SINGLE X TWIN TRIPLET IST		3RD 1 Febr. 25	1954
7. FATHER'S (First) b. (Mi	(ddle)	c. (Last)	8. COLOR OR RACE
May. Sale	. Ca	msey	White.
9. AGE (At time of this birth) 10 BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	TION 11b. KIND OF	BUSINESS OR INDUSTRY
33 YEARS Chupent Idaho	Janne	- tan	<del></del>
12. MOTHER'S a. (First) b. (MI	iddle)	c. (Last)	13. COLOR OR RACE
NAME Cotty. Mela	and O	amous	while
14. AGE (At time of this birth) 15. BIRTHILACE (State or foreign country)		DUSLY BORN TO THE MOTHER	
32 YEARS Gamena mo.	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	9	$\triangleright$	(born dead after 20 weeks pregnancy)?
Cloy Vale Kamany	~		
18a. LEWGTH OF PREGNANCY 18b. WEIGHT AT BIRTY 19 Was a standar	d serological test	or syphilis performed?	Yes No
40 WEEKS /O LBS. O OZS. Approximate of	late		36.1
CAUSE OF STILLBIRTH   20a. FETAL CAUSES			
State only morbid conditions causing fetal death (do NOT		- 0	
use such terms as Stillbirth, 2010 MATERNAL CAUSES Prematurity, Asphyxia, etc.)	the 1	1 1 Pl.	TP 11
(ellofelacental)	I morrhage	e our to have	enta / Mera
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
Lessen Uccoper politica	Mid Tou	eps, epses	comy
I hereby certify that I 234ATTENDANT'S SIGNATURE attended the birth of this	(Specify if M. 1	Of midwells, or other)	23b. DATE SIGNED
child who was born dead	mil 1	<i>11.0.</i>	2/27/37
on the date stated above 23c. ATTENDANT'S ADDRESS	attended by	TURE OF AUTHORIZED OFFICIA	L TITLE
atm.	physician	LOCATION (C)	(04-4-2)
25a. BURIAL, CREMA- TION, REMOVAL (Specify) 25b. DATE 25c. NAME OF CEMETE 25c. NAME OF CEMETE	Y Commentary	25d. LOCATION (City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT	OR AL	DDRESS
2.27-195 PEG 18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Kan)	Bland	Remark
- in	·	ALAN EL TON	211
(			- Colored States



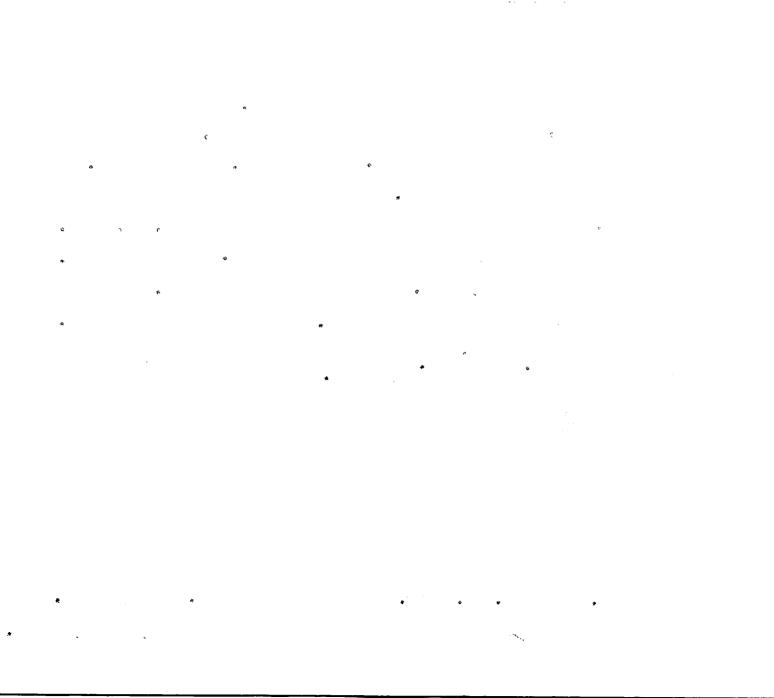
PHS-797(VS) RECEIVED (1949 Revision of Standard Certificate) State File	
FEDERAL SECURITY FACE DO 1954 CERTIFICATE OF STILLBIRTH Local Reg	No. 36.7
Division of Vital Statistics State of Idaho Reg. Dist.	No. 4/60
1. PLACE OF STILLBIRTH  a. COUNTY  2. USUAL RESIDENCE OF MOTHER (Where a. STATE)  b. COUNTY	e does mother live?)
b. CITY (If outside corporate limits, write RURAL and give township) OR  C. CITY (If outside corporate limits, write RURAL and give township)	
TOWN Twin talls TOWN HANSEN	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION  ADDRESS  (If rural, give location)	
3. CHILD'S NAME Thoyd	
4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF (Mon STILL BIRTH	th) (Day) (Year)
TACERATE SINGLE TWIN TRIPLET 1ST 2ND 3RD 3RD	9 5-4
7. FATHER'S a. (First) b. (Middle) c. (Last)	8. COLOR OR RACE
John Floyd	W
9. AGE (At time of this birth) 10/BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF	BUSINESS OR INDUSTRY
12. MOTHER'S a. (First) b. (Middle) c. (Last)  NAME  Last  Last  Last	13. COLOR OR RACE
14. AGE (At time of this birth)   15. BIRTHPLACE (State or foreign country)   16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (	·
2.3 YEARS Vingraio a. How many children were dren are now living? b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
Fran Mothers History on Chart 3	pregnancy)?
18a. LENGTH OF PREG-NANCY LBS. OZS.   19 Was a standard serological test for syphilis performed?   Approximate date   1 / 11 / 5 +	Yes No.
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT	39,5
Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES  Mussell allocation	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	19-54
on the date stated above 23c/ATTENDANT'S ADDRESS, II NOT attended by physician at 10:04 Am.   11 NOT attended by physician   124. SIGNATURE OF AUTHORIZED OFFICIA	L TITLE
25a. BURIAL, CREMA- TION, REMOVAL (8pecify) 25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or	county) (State)
	DDRESS
the said of the sa	



	· v	ECEN	re ra			**		21
PHS-797(VS) 4-48			(1949 Kevision o	f Standard Certi		State File	No	
FEDERAL SECUI	RITY AGE ERVICE	NCMARLE	CERTIFICATE	OF STILL	BIRTH		. No	
		vision of Vital	Statistics State of	of Idaho		Reg. Dist.	No. 374	) 
1. PLACE OF S	TILLBIF	₹ТН		2. USUAL RE	SIDENCE OF N	MOTHER (When	e does mother live	(2)
a. COUNTY	Ada			a. STATE	Idaho	b. COUNTY	Ada	,
OR TOWN	ie corporate l 150	imits, write RURAL and	give township)	c. CITY (If outs OR TOWN	side corporate limits, w	rite RURAL and giv	s township)	
c. FULL NAME ( HOSPITAL OR INSTITUTION	OF (If not in		ve street address or location)	d. STREET ADDRESS	(If rural, give		<del></del>	<del></del>
		Lukes		<u> </u>	Rte #1			
3. CHILD'S NA								
	Chri		nd Jensen					
4. SEX	5a. THIS	BIRTH	.5b. IF	TWIN OR TRIPLET	This child born) 6. E	ATE OF (Mon	th) (Day)	(Year)
male	SINGLE	44	TRIPLET 1ST	2ND	3RD	Ma Ma	er 3	1954
7. FATHER'S NAME		a. (First)	b. (Mic	ldle)	c. (Last)		8. COLOR OR	
		Thomas		E.	J.	ensen	whi	te
9. AGE (At time of t	his birth)	10. BIRTHPLACE (S	tate or foreign country)	11a. USUAL OCC			BUSINESS OR	
32	YEARS	Meridian	n, Idaho	laborer		Bldg.	Mainten	ance.
12. MOTHER'S MAIDEN		a. (First)	b. (Mic	ldle)	c. (Last)		13. COLOR O	
NAME	<u> </u>	Esther	Mao		Byington		whi:	
14. AGE (At time of t	hie birth)	15. BIRTHPLACE (8	tate or foreign country)		REVIOUSLY BORN T		Do NOT includ	e this child)
32	YEARS	Preston	Idaho	a. How many o	chil- b. How man	y children were are now dead?	c. How many children were	stillhorn
17. INFORMAN	1 aa	E Je	rson	6	1	one	(born dead aft pregnancy)?	none
18a. LENGTH OF PE	REG- 18b.	WEIGHT AT BIRTH	<sup>19</sup> Was a standard	serological te	st for symbilia	nerformed?	Voc V	NTo:
WEEKS		LBS. OZS.	Approximate d	ate	st for syprims	periormeu:	1esx	No
CAUSE OF STIL		20a. FETAL CAUSES	DV				<del></del>	26.2
State only morbid causing fetal death use such terms as	conditions (do NOT		Myseu					
use such terms as Prematurity, Asphy	Stillbirth, xia, etc.)	20b. MATERNAL CA	viblus.	Hacin	In Co	n Alex	/	
21. STATE ANY COM	MPLICATION	S OF PREGNANCY A	ND LABOR	22. STATE ALL O	PERATIONS FOR DI	ELIVERY	<u>.                                    </u>	
I hereby certif		234 ATPENDAN	T'SBIGNATURE	(Specify if	M. D., midwife, or o	other)	23b. DATE SIG	NED
attended the birt		Max	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	UNION	u/ 711)		2-6	-54
on the date state		23c. ATTENDANT'S	ADDRESS / /	If NOT   24. SI	GNATURE OF AUTH	ORIZED OFFICIAL	_	TITLE
at WF	m.	pais	Mille	arrended by				
25a. BURIAL, CRE	MA- 25b.	DATE	25c. NAME OF CEMETER	Y OR CREMATORY	as LOCATIO	N (City, town, or	oounty)	(State)
Burial		3/5/54	Morris Hil	1	Bois B	9	Idaho	
DATE REC'D BY LO	CAL REGI	ISTRAR'S SIGNATURE	$\mathcal{D}_{\bullet}$	26. ELINERAL DIR	RECTOR /	AD	DRESS	
3-8-54		lyetle	Ilmer	Puns	<i>LLIA</i> 02	Se \$4 31	8 N. Lat	ah
		•		RELYEA M	ORTUARY		ISE, ID	AHO

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PHS-797(VS)	DECE	1449 Revision of	Standard Certificat	e) State Fi	le No
FEDERAL SECURITY PUBLIC HEALTH SERVICE		CERTIFICATE	OF STILLBI		g. No. 121
PUBLIC HEALTH SERVIC	* APR1-	- 1954 State of			. No. 370
1. PLACE OF STIL	LBIRT Division of Vi		·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·	SENCE OF MOTUES	
a. COUNTY Ada	Division of vi	tai Statistics	a STATE	DENCE OF MOTHER (WE b. COUNTY	re does mother live?)
	porate limits, write RURAL and g	due to-polis	Idah	O. Ad	<u>a</u>
TOWN Bois		ive township)	u Or	orporate limits, write RURAL and gi	ve township)
	not in hospital or institution, give		d. STREET	Bo <b>ise</b> ,	<del></del>
HOSFITAL OR	t Alphonsus		ADDRESS	(If rural, give location)	
3. CHILD'S NAME	e arbnousus	HOSPICAT.	п ТО	18. Laurel St	reet.
(Type or Print)	Dalam Ofasi	Company (1)			
4. SEX   5a.	Baby Girl THIS BIRTH				
		[,5b, IFT	WIN OR TRIPLET (This	STILLBIRTH `	nth) (Day) (Year)
Female   si	NGLEX TWIN	TRIPLET   1ST		3RD     March 2	2. 1954.
NAME	a. (First)	b. (Midd	•	c. (Last)	8. COLOR OR RACE
	<u> Harold</u>	William	1 Gr	een.	White.
9. AGE (At time of this bir			11a. USUAL OCCUPAT		F BUSINESS OR INDUSTRY
	2,2,0,0,0	Itah.	Automobil	e Mechanic.	
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)	13. COLOR OR RACE
NAME	Nola	Dorle	ne.	Watts	White.
14. AGE (At time of this bir	th) 15. BIRTHPLACE (8ta	ate or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO THIS MOTHER	(Do NOT include this child)
<u>36. yı</u>	EARS Kansas.		a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	1618. Laurel	St.			(born dead after 20 weeks pregnancy)?
Harold	W. Lore	Boise, Ida	ho di	0	presidency) 0
18a. LENGTH OF PREG- NANCY	18b. WEIGHT AT BIRTH	19 Was a standard	serological test	or syphilis performed?	Yes No
WEEKS	LBS. OZS.	Approximate dat		5.3.	36,0
CAUSE OF STILLBIR	TH 20a. FETAL CAUSES			· · · · · · · · · · · · · · · · · · ·	
State only morbid condi	tions	Empresso	-Wratst	ins of land as	send nech
causing fetal death (do l use such terms as Stillh Prematurity, Asphysia, et	orth, 20b. MATERNAL CAL	JSES /		10	
rematurey, Aspayam, et		none		•	
21. STATE ANY COMPLIC	ATIONS OF PREGNANCY A	ND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
	none		Phone	stone	
I hereby certify the	at I 23a. ATTENDAN	T'S SIGNATURE	(Specify if M. I	)., midwife, or other)	23b. DATE SIGNED
attended the birth of		II. Bell	- m	)	3/21/54
child who was born d on the date stated al			II NOT   24. SIGNA	TURE OF AUTHORIZED OFFICE	AL TITLE
at m	Bouse	Islaleo.	attended by physician		
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY		25d. LOCATION (City, town, o	r county) (State)
TION, REMOVAL (Specify)	March. 23.	41		metery. Boise	
DATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE		26. CINEBAL DIRECT	Dunner	
2-21-54 REG.	Misth	Talmas)	- Cogracy	Tuneral Home.	
w 3/37	- jugane	1 when	Sammers 1	mierar nome	DOTED THEM



PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE	ITY ACE		Revision of CERTIFICATE  State of	OF STILLBI		Local Reg	No. 122 No. 370	<u> </u>
• COUNTY .	TILLBIF	Histon of Vita		2. USUAL RESID	DENCE OF MO	DTHER (Where	does mother live?	
OR	oorporate l	imits, write RURAL and	give township)	c. CITY (If outside or OR TOWN BC	orporate limits, write	RURAL and give	township)	
		hospital or institution, give	restreet address or location)	d. STREET ADDRESS	(If rural, give lo			
3. CHILD'S NAI	ME		ARION RICHA		25 Gray	Avenue	<del>3</del>	
4. SEX	5a. THIS			WIN OR TRIPLET (This	shild born) 6 DA	TE OF (Mont	th) (Day)	(Year)
Male	SINGLE	X TWIN	TRIPLET 1ST	] 2ND []	3RD STI		rch 26,	1954
7. FATHER'S NAME		a. (First)	b. (Mide		c. (Last)		8. COLOR OR	'
		Sam	I•	Ri	chards	n	Whi	te
9. AGE (At time of th	is birth)	10. BIRTHPLACE (8)	ate or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR I	NDUSTRY
46	YEARS	Washing	ton	Farmer		Self		
12. MOTHER'S MAIDEN		a. (First)	b. (Mide	ile)	c. (Last)		13. COLOR OR	RACE
NAME	<u> </u>	Bessie	I.		Gary		Whi	
14. AGE (At time of thi	,	15. BIRTHPLACE (86		16. CHILDREN PREVIO				
17. INFORMANT	YEARS	la la	5620 Gray	a. How many children are now living?	b. How many born alive but a	children were re now dead?	c. How many children were (born dead after pregnancy)?	OTHER stillborn 20 weeks
18. LENGTH OF PRI	EG-   18b.	WEIGHT AT BIRTH	19 77700	<u> </u>	0			<del></del>
NAN WEEKS	ICY	LBS. OZS.	<sup>19</sup> Was a standard Approximate da	serological test f te	or syphilis p	erformed?	Yes 1	56. 0
CAUSE OF STILL State only morbid c causing fetal death ( use such terms as	onditions	20a. FETAL CAUSES	appro	* 2 mo ge	etation	- Bree	ch op	mt
use such terms as & Prematurity, Asphyx	stillbirth, ia, etc.)	20b. MATERNAL CA	delivery	En route TON	Hafe - Con	dcomp	ression	
21. STATE ANY COM	PLICATION L SC	is of pregnancy a	ND LABOR	22. STATE ALL OPERA	ATIONS FOR DEL	IVERY		
I hereby certify	that I	23a. ATTENDAN	T'S SIGNAȚURE	(Specify if M. I	o., midwife, or oth	ner)	23b. DATE SIGN	ED
attended the birth child who was bor			Sunt	Burns	no	·	3-22	- 54
on the date stated		23c. ATTENDANT'S	. \1./		TURE OF AUTHOR	RIZED OFFICIAL		TITLE
25a. BURIAL, CREM TION, REMOVAL (Spec	A- 25b.	DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION	(City, town, or	ounty)	(State)
Burial	_/3/	27/5/	Meridian Ce	metery	Meri	dian.	Idaho	
3-31-54 <sup>RE</sup>	AL REG	STRAR'S SIGNATURE		26. FUNGRAL DIRECT	OR UNERAL		oise,	<u>Idah</u> o

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	L D C F I V E D		man ine alula a dade	`}_\!a
PHS-797(VS) 4-48	RECEIVED TO 45 Revisi Y AGENCY APR15 CENTIFICA	on of Standard Certificat	e) State File	No
FEDERAL SECURIT			RTH Local Reg	. No89
FUBLIC REALTH SEX	Division of Vital Statistics Sto	rte of Idaho	Reg. Dist.	
1. PLACE OF ST	LLBIRTH	2. USUAL RESID	DENCE OF MOTHER" (When	e does mother live?)
a. COUNTY Ba	nnock	STATE	Idaho b. COUNTY	Bannock
b. CITY (If outside of OR	orporate limite, write RURAL and give township)	c. CITY (If outside o	orporate limits, write RURAL and give	e township)
	catello	OR TOWN	Pocatello	
c. FULL NAME OF HOSPITAL OR	(If not in hospital or institution, give street address or local	d. STREET ADDRESS	(If rural, give location)	
INSTITUTION B	annock Memorial Hospital	ADDRESS	60h Yellowstone	Avenue
3. CHILD'S NAM	E			
(Type or Print)	JENNIFER JEANNE H	RONEK		
4. SEX 5.		5b. IF TWIN OR TRIPLET (This	child born) 6. DATE OF (Mon	th) (Day) (Year)
Female	SINGLE TWIN TRIPLET	1ST 2ND	stillBirth  srd Febru	ary 12, 1954
7. FATHER'S NAME	a. (First) b.	(Middle)	c. (Last)	8. COLOR OR RACE
	Richard	Paul	Hronek	White
9. AGE (At time of this	birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	1 1101 11112 41	BUSINESS OR INDUSTRY
22	YEARS Focatello, Idaho	Private	U. S.	Army
12. MOTHER'S MAIDEN	a. (First) b.	(Middle)	c. (Last)	13. COLOR OR RACE
NAME	Carol	Dawn	Henderson	White
14. AGE (At time of this		16. CHILDREN PREVI	OUSLY BORN TO THIS MOTHER	(Do NOT include this child)
19	YEARS Gilmer, Texas	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT			†	(born dead after 20 weeks pregnancy)?
	awn Hronek, Mother	None	None	None
18a. LENGTH OF PREC	6-   18b. WEIGHT AT BIRTH   19 TAYOR O CHOP	dard serological test	for syphilis performed?	Yes. X. No
	y   was a stan	dara scrotogicar test		24/
40 WEEKS	Y LBS. OZS. Approxima	te date		2/16
40 WEEKS CAUSE OF STILLS	LBS. OZS Approxima  Approxima  IRTH 20a. FETAL CAUSES	te date		3/16
CAUSE OF STILLE	LBS. OZS. Approxima  Approxima  Approxima  Approxima  Approxima	te date  Vine app	parent c	3/16
CAUSE OF STILLE State only morbid eor causing fetal death (d use such terms as St	LBS. OZS. Approxima  LBS. OZS. Approxima  Approxima  Approxima  Direct Hoditions ONOT  Dibbirth,	Vone app	parent c	3/16
CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St Prematurity, Asphyxia	LBS. OZS. Approxima: Approxima: Approxima: D NOT Illbirth, etc.)  ZOB. MATERNAL CAUSES	Vone app	parent e	3/16 2/
CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St Prematurity, Asphyxia 21. STATE ANY COMPI	LBS. OZS. Approxima:  Approxim	vone app	Darent c Erronined. ATIONS FOR DELIVERY	2
CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St Prematurity, Asphyxia 21. STATE ANY COMPI	LBS. OZS. Approxima: Approxima: Approxima: D NOT Illbirth, etc.)  ZOB. MATERNAL CAUSES	vone app		le f forceps.
CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St Prematurity, Asphyxia  21. STATE ANY COMPI	LBS. OZS. Approxima  LBS. OZS. Approxima  Approxima  DIRTH dditions D NOT DIBORTH, etc.)  Compared to the comp	Vone app Se to the total oper	ATIONS FOR DELIVERY	23b. DATE SIGNED
CAUSE OF STILLE State only morbid cor causing fetal death (d. use such terms as St Prematurity, Asphyxia	LBS. OZS. Approxima:  Approxim	22. STATE ALL OPER (Specify if M.)	ATIONS FOR DELIVERY	lef forces.  23b. DATE SIGNED  2-28-54
CAUSE OF STILLE State only morbid cor causing fetal death (duse such terms as St Prematurity, Asphysia  21. STATE ANY COMPI  I hereby certify attended the birth of	LBS. OZS. Approxima:  Approxim	22. STATE ALL OPER (Specify if M.)	ATIONS FOR DELIVERY	2-28-54
CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St. Prematurity, Asphyxia  21. STATE ANY COMPI  I hereby certify attended the birth of child who was born	LBS. OZS. Approxima:  Approxim	22. STATE ALL OPER (Specify if M.)	ATIONS FOR DELIVERY  D., misselfe, or other)	2-28-54
CAUSE OF STILLE State only morbid cor causing fetal death (d. use such terms as St Prematurity, Asphyxia  21. STATE ANY COMPI  I hereby certify attended the birth of child who was born on the date stated at 6:31 Ae.	LBS. OZS. Approxima:  Approxim	22. STATE ALL OPER  (Specify if M.)  (NOT 24. SIGNA	ATIONS FOR DELIVERY  D., misselfe, or other)	2-28-54 L TITLE
CAUSE OF STILLE State only morbid cor causing fetal death (duse such terms as 8th Prematurity, Asphysia  21. STATE ANY COMPL  I hereby certify attended the birth of child who was borr on the date stated at 6:31. A.	LBS. OZS. Approxima:  Approxim	22. STATE ALL OPER  (Specify if M. )  (NOT 24. SIGNA of the side o	ATIONS FOR DELIVERY  Out of ther)  TURE OF AUTHORIZED OFFICIA	2-28-54 L TITLE
CAUSE OF STILLE State only morbid cor causing fetal death (d. use such terms as 8th Prematurity, Asphyxia  21. STATE ANY COMPI  I hereby certify attended the birth of child who was born on the date stated at	LBS. OZS. Approxima:  Approxim	22. STATE ALL OPER  (Specify if M. )  (NOT 24. SIGNA of the side o	TURE OF AUTHORIZED OFFICIAL  25d. LOCATION (City, town, or	2-28-54 L TITLE
CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as 8t Prematurity, Asphysia  21. STATE ANY COMPI  I hereby certify attended the birth of child who was born on the date stated at 6:31 A.  TION, REMOVAL (Specifical Company) BUTIAL	LBS. OZS. Approxima:  Approxim	22. STATE ALL OPER  (Specify if M.)  HNOT ettended by physician  METERY OR CREMATORY  LINE CHARLES COMMENTERY	TURE OF AUTHORIZED OFFICIAL  25d. LOCATION (City, town, or	County) (Syste)
CAUSE OF STILLE State only morbid cor causing fetal death (d. use such terms as St Prematurity, Asphyxia  21. STATE ANY COMPI  I hereby certify attended the birth child who was born on the date stated at	LBS. OZS. Approxima:  Approxim	22. STATE ALL OPER  (Specify if M.)  HNOT ettended by physician  METERY OR CREMATORY  LINE CHARLES COMMENTERY	TURE OF AUTHORIZED OFFICIAL  25d. LOCATION (City, town, or	County) (Syste)

Proximation 1

; ' ,; PHS-797(VS)	)=CEIV	Panisian of	Standard Continues	.\	CALA- EN	35
4-48 FEDERAL SECURITY AGE	KECEIV NCY	ERTIFICATE	OF STILLBIE	) PTLI	State File Local Reg	NO
PUBLIC HEALTH SERVICE	MAR 16 19	54 State of		XIII		No. 600
1. PLACE OF STILLE	eyision of Vital	statistics	2. USUAL RESID	ENCE OF MO		does mother live?)
a. COUNTY Binghar	1		a. STATE Idaho	<b>)</b>	b. COUNTY	Bingham
b. CITY (If outside corporate li	inits, write RURAL and g	ive township)	c. CITY (If outside on	rporate limits, write	RURAL and give	township)
TOWN Blackfo			TOWN Black	cfoot		
c. FULL NAME OF (If not in HOSPITAL OR_			d. STREET ADDRESS	(If rural, give loc	ation)	
INSTITUTION Bingha	m Memorial	<u>Hospital</u>	Rout	ce #3		
(Type or Print)						
4. SEX 5a. THIS	<u>Druciell</u>		WIN OR TRIPLET (This o	hild born) 6. DAT	F.OF ()4	th) (Then) (Then)
Female SINGLE		TRIPLET 1ST	~ <b>~</b>	3RD STIL	LBIRTH	arch 9, 1954
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR RACE
	Eldon	Ear	1	Scott		White
9. AGE (At time of this birth)	10. BIRTHPLACE (914	te or foreign country)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR INDUSTRY
35 YEARS	Goshen	Idaho	Farming			
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	•	c. (Last)		13. COLOR OR RACE
NAME  14. AGE (At time of this birth)	Erma   15. BIRTHPLACE (Sta	Clar		Harman	THE NOTHER (	Do NOT include this child)
37 YEARS	1		a. How many chil-	b. How many o		c. How many OTHER
17. INFORMANT	Thomas.	Idaho	dren are now living?	born alive but ar	e now dead?	children were stillborn (born dead after 20 weeks
Clara	Scott	Mother	Four	Nor	1 <b>e</b>	None None
18a. LENGTH OF PREGNANCY NANCY 33 WEEKS	WEIGHT AT BIRTH LBS. ? OZS.	<sup>19</sup> Was a standard Approximate da			erformed?	YesXNo
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	nknaun	<u> </u>			39 7 C
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAI	JSES A	······································	<del> </del>		
21. STATE ANY COMPLICATIO	NS OF PREGNANCY A	ND LABOR	22. STATE ALL OPERA	ATIONS FOR DELI	VERY	
Thrombor & Bolo	itio, 6-n	s atotation	none			
I hereby certify that I	23a. ATTENDAN	TYS STATURE	(Specify if M. I	)., midwife, or oth	er)	23b. DATE SIGNED
attended the birth of this child who was born dead	Calas	Moate	ame	•		March 11, 1951
on the date stated above	23c. ATTENDANT'S		If NOT 24. SIGNAT	TURE OF AUTHOR	RIZED OFFICIA	L TITLE
at 3:20 A.m.	Blackfoot		physician			
25a. BURIAL, CREMA- 25b. TION, REMOVAL (Specify)	DATE	25c. NAME OF CEMETER	OR CREMATORY	25d. LOCATION	(City, town, or	county) (State)
	3-9-51, I	Bingham Memo		1 1	Blackf	
DATE REC'D BY LOCAL REG.	SISTRAR'S SIGNATURE	Actin	g6. FUNDRA) DIAPET			DRESS
116x 3H-1434 VII)	Nellactus	c. Taline.	r ma		Chron !	
			_			

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PHS-797(VS)  4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE  APR 20 1954  State of Idaho					State File No			
		tate of	Idaho		Reg. Dist.	No	l.b	
	name of Vigal Statistics nneville		2. USUAL RESID			does mother live?) Bonnevil		
TOWN Idaho			c. CITY (If outside so: OR TOWN Idal	rporate limits, write 1	RURAL and give	township)		
INSTITUTION Sac	in hospital or institution, give street address or k red Heart Hospital	ocation)	d. STREET ADDRESS 225	(If rural, give loc	ation)			
3. CHILD'S NAME ((Type or Print)	Infant Harrison							
Female singl	IS BIRTH LE XX TWIN TRIPLET	.5b. IF T\	WIN OR TRIPLET (This et	aild born) 6. DATI STIL	OF (Mont	h) (Day) h 29 1	(Year) 954	
7. FATHER'S NAME		b. (Middl	е)	c. (Last)		8. COLOR OR F	RACE	
	Walter	Lee		Harrison	1	White		
9. AGE (At time of this birth)  56  YEAF			11a. USUAL OCCUPATI Livestock Br	and Ins-		of Idah		
12. MOTHER'S MAIDEN NAME	a. (First) Eunice	b. (Middi Lula	e) <b>PO</b>	tor <sub>c. (Last)</sub> Pearson		13. COLOR OR White	RACE	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign countr	<b>y</b> )	16. CHILDREN PREVIO	USLY BORN TO T	HIS MOTHER (1	Do NOT include	this child)	
43 YEAR	<sub>Rs</sub>   Nebraska		a. How many children are now living?	b. How many c	hildren were	c. How many children were	OTHER	
X INFORMANT Walter	Les Harrison	~	None	None		(born dead after pregnancy)? None	20 weeks	
18a. LENGTH OF PREG- NANCY WEEKS	Bb. WEIGHT AT BIRTH 19 Was a sta LBS. OZS. Approxim	ndard ate dat	serological test fo	or syphilis pe	rformed?	Yes N	[O	
CAUSE OF STILLBIRTE State only morbid condition causing fetal death (do NO use such terms as Stillbirti Prematurity, Asphyxia, etc.)	15 20b. MATERNAL CAUSES	res	naturel	y -	6 n	roll	is	
21. STATE ANY COMPLICATI	ONS OF PREGNANCY AND LABOR		22. STATE ALL OPERA	TIONS FOR DELIV	/ERY			
I hereby certify that attended the birth of thi child who was born dea on the date stated abov	d 23c. ATTENDANT'S ADDRESS	tuto	If NOT   24 SIGNATI	midwife, or other		23b. DATE SIGN	ED S	
at m.	Idaho Falls, Idaho	>   <sup>1</sup>	ttended by physician			1	M. D.	
TION DEMOVAL (C. 1/2.)			or crematory Cemetery	25d. LOCATION (C Idaho F	• • • •	••	(State) Idaho	
PATE REC'D BY LOCAL RIPERS.	EGISTRAR'S SIGNATURE		26 ONERAL DIRECTO			RES Idal		
				,,,				

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RECEIVED			37
DHC-707(VC) (10/07)	Standard Certificate)	State File	No
FEDERAL SECURITY AGENCY MAR 25CEPTIFICATE	OF STILL BIRTH	I Local Rec	. No
PUBLIC HEALTH SERVICE		Reg Dist	No. 362
Division of Vital StatisticsState of	or raduo		
1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE	E OF MOTHER (When	e does mother live?)
a. COUNTY Canyon	a. STATE Idano	b. COUNTY	Canyon
b. CiTY (If outside corporate limits, write RURAL and give township)	-	te limits, write RURAL and giv	- tobin
OR	II OR	o name, write NUMAL Sud giv	e townsmp)
11001100			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mercy Hospital	d. STREET (I ADDRESS	f rural, give location)	
	Rt #	6 Amity Ave.	
3. CHILD'S NAME	<del></del>		
((Type or Print) Infant Boy FREEL			
	TWIN OR TRIPLET (This child be	orn) 6. DATE OF (Mon	th) (Day) (Year)
		—   STILLBIRTH _	
	2ND 3RD .		bruary 27, 19
7. FATHER'S a. (First) b. (Mid	(CII)	c. (Last)	8. COLOR OR RACE54
George		Freel	White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF	BUSINESS OR INDUSTRY
27 YEARS Canada	Miner	Minin	σ
12. MOTHER'S a. (First) b. (Mid		c. (Last)	I 13, COLOR OR RACE
MAIDEN	·		
NAME Alice  14. AGE (At time of this birth)   15. BIRTHPLACE (State or foreign country)		Sickle	White
, , , , , , , , , , , , , , , , , , , ,	16. CHILDREN PREVIOUSL		<del>`</del>
28 YEARS   Salt Lake City, Utah	a. How many chil- b. l dren are now living? born	How many children were nalive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	1		(born dead after 20 weeks pregnancy)?
+ Henre Triel	None		/
18a. LENGTH OF P.EG-NANCY 18b. WEIGHT AT BIRTH 19 Was a standard	serological test for s	whilie performed?	Yes V No
WEEKS LBS. OZS. Approximate de		sypnius periorineu:	<b>ラ</b> ア ス
20. EFTAL CAUSES (A	1 /1	<u> </u>	36.0
CAUSE OF STILLBIRTH	d Oremela	My.	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	John	- <del> </del>	
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	1120 874 0 1	and belong	deliverse.
	and on ev	M Down	morally,
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATION	IS FOR DELIVERY	
AMA-AMI Valent	1 6 BIDA	Monda	
I hereby certify that I   23a ATTENDANT'S SIGNATURE)	(Speedty if M. D., mi	dwife, or other)	23b, DATE SIGNED
attended the birth of this	Septembrian III. D., III.		230. Upite Signed
child who was born dead	Legran W		11/10/ 0 -01/
on the date stated above 23c. ATTEMPANT'S ADDRESS	If NOT 24. SIGNATURE	OF AUTHORIZED OFFICIA	L TITLE
atm.	physician	· 	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) 25b. DATE 25c. NAME OF CEMETER	RY OR CREMATORY   25d.	LOCATION (City, town, or	county) (State)
Burial March 2, 1954 Kehlerland	Cemetery	Nampa. Idaho	
DATE REC'D BY LOCAL   REGISTRAN'S SIGNATURE	26. FUNERAL DIRECTOR		ORESS
REG. REG.	TO FUNERAL DIRECTOR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
11 arch 18, 1954 That faul Steck	1 yim I	were,	Nampa, Id
	// Alain France	1 Ohana [ ]	/ -
	Alsip Funera	al Chape/1	

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PHS-797(VS)  RECEIVED 1949 Revision of A-48	Standard Certificate	) State File	30
FEDERAL SECURITY AGENTAR 3 0 195 CERTIFICATE	OF STILLBIR	TH Local Reg	z. No. 2,50
Division of Vital Statistics  State of	Idaho	Reg. Dist.	No. 470
a COUNTY -		ENCE OF MOTHER (When	
Cassia	a. STATE Id	a ho b. COUNTY	Cassia
b. CITY (If outside corporate limits, write RURAL and give township) OR	1 OR	rporate limits, write RURAL and giv	e township)
TOWN Burley		rley	
c. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cottage Hospital	d. STREET ADDRESS 7	(If rural, give location)  19 Elba Ave.	
3. CHILD'S NAME ((Type or Print)  Esthereta Hitt			
	WIN OR TRIPLET (This el	nild born) 6. DATE OF (Mon	ath) (Day) (Year)
Female single X TWIN TRIPLET 1ST	2ND :	SRD STILLBIRTH Ma	
7. FATHER'S a. (First) b. (Middle NAME	le)	c. (Last)	8. COLOR OR RACE
9. AGE (At time of this birth)   10. BIRTHPLACE (State or foreign country)	HOURT GOOLING	Hitt	White
26 YEARS California	Sales cl	1	F BUSINESS OR INDUSTRY  Company
12. MOTHER'S 8. (First) b. (Midd		c. (Last)	13. COLOR OR RACE
MAIDEN NAME Eva	Lo	wde <b>r</b>	White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	USLY BORN TO THIS MOTHER	(Do NOT include this child)
28 years Rupert, Idaho	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT			(born dead after 20 weeks pregnancy)?
18a, LENGTH OF PREG.   18b. WEIGHT AT BIRTH   19 Was a standard	serological test f	or syphilis performed?	Voc V No
WAS a standard was a standard Approximate date	ie. Para	12. 1953	Yes No
CAUSE OF STILLBIRTH   20a. FETAL CAUSES			36.0
State only morbid conditions causing fetal death (do NOT			
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	ilial	Card	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		TIONS FOR DELIVERY	. ~ /
Prologise Umbilical Card.	manual dill		SIBNY Strath
I hereby certify that I 23a. ATTENDART SEENATURE attended the birth of this	(Specify if M. D	., midwife or other)	23b. DATE SIGNED
child who was born dead	ur /	RX.	Marik 23, 190
on the date stated above 23c ATTENDANT'S ADDRESS at 12:25 m.	attended by	URE OF AUTHORIZED OFFICIA	L TÎTLE
	DR CREMATORY	25d. LOCATION (City, town, or	county) (State)
25a. BURIAL, CREMA- TION, REMOVAL (Boodly) 3/22/54   25c. NAME OF CEMETERY Burial 3/22/54   Rupert : Cem	i	Burley, Idah	- · · · · · · · · · · · · · · · · · · ·
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. NUNERAL DESCRI		DDRESS
Mure 24/95 Dilla ( Volley	V X W		Burley
The state of the s		1	

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PHS-797(VS) 4-48	Ř.	(1949 Revision of	Standard Certificat	e)	State File	No	
FEDERAL SECURITY AG: PUBLIC HEALTH SERVICE	ENCY	ERTIFICATE	OF STILLBIR	RTH .	Local Reg.		
	. 4	E/ State of	Idaho		Reg. Dist.	No	
I. PLACE OF STILLBI	RTH ON	179 EN	2. USUAL RESID	ENCE OF MO	TUED (TIL	1	
a. COUNTY	TOIOD	05 15 1951	a. STATE IDA		b. COUNTY	ELM	
b. CITY (If outside corporate	limite write PUDAT and a	tal s					71113
1. PLACE OF STILLBI a. COUNTY FIMORE b. CITY (If outside corporate OR TOWINT HOME		www.atigtics	c. CITY (If outside or OR TOWN		RURAL and give	township)	
c. FULL NAME OF (If not i				IT. HOME			
HOSPITAL OR USAF		OME AFB. IDA.	d. STREET ADDRESS	If rural, give lo			
3. CHILD'S NAME							
((Type or Print)				SMITH			
4. SEX 5a. THIS	BIRTH	5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DAT	E OF (Mont	h) (Day)	(Year)
M SINGLE	TWIN .	TRIPLET 1ST	2ND	3RD STIL	LBIRTH MAR	30	1954
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OF	
	LOWELL	EARL		SMITH	I I	CAU	
9. AGE (At time of this birth)	10. BIRTHPLACE (St	ste or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR	INDUSTRY
32 YEARS	OKLA. RUS	H SPRINGS	USAF (AMN)	)	USAF		
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR O	R RACE
	ONSTANCE	MATTI	Ξ	CUDE		CAU	
14. AGE (At time of this birth)	15. BIRTHPLACE (St	te or foreign country)	16. CHILDREN PREVIO		THIS MOTHER (		le this child)
33 YEARS	OKIA. MUS'	rang	a. How many chil- dren are now living?	b. How many born alive but as	children were	c. How many	OTHER
17. IN ORMANT	11.		Gren are now hame.	DOIN MIVE DUL M	e now dead	children wer (born dead aft	er 20 weeks
Lowell &	Smith		NONE	NON	E	NONE	
18a. LENGTH OF PREG-   181 NANCY	b. WEIGHT AT BIRTH	<sup>19</sup> Was a standard	serological test f	or syphilis p	erformed?	Yes. X	No
30 WEEKS	BS. 10 ozs.	Approximate dat	e.				- 10
CAUSE OF STILLBIRTH	20a. FETAL CAUSES					36	· 2
State only morbid conditions	. [					~	
causing fetal death (do NOT use such terms as Stillbirth,	, 20b. MATERNAL CAL	JSES				*	
Prematurity, Asphyxia, etc.)	INTRAUTERI	VE HEMORRHAGE	& ASPHYXTA				
21. STATE ANY COMPLICATION			22. STATE ALL OPERA	ATIONS FOR DEL	VERY		
PREMATURE SEPA	ATRATION OF 1	PLACENTA	RUPTURE OF	MENBRANES	SPONT	ANEXCUS I	DELIVER
I hereby certify that I		T'S SIGNATURE		., midwife, or oth		23b. DATE SIG	
attended the <b>bir</b> th <b>of this</b> child who was born dead		Muniko	2 771	-			
cnua wno was oorn aeaa on the date stated above		OD RESS	If NOT 24. SIGNA	TURE OF AUTHOR	RIZED OFFICIAL		TITLE
at 6:39 P m.	MT HOME AFR	TDAHO	attended by physician				
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	D. DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION	(City, town, or c	ounty)	(State)
	pril 2. 1954	Mountain		Mount	ain Home	a Idoha	
	GISTRAR'S SIGNATURE		26. FUNERAL DIRECT	OR	ADI	DRESS	
ym, 2,1954	STAND	uas	Bey Mortuar	v M	ountain	Home. T	daho
	7			109 9	mck	1.10	

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RECEIVED

PHS-797(VS) 4-48		MAR 1 8 195	4 (1949 Revision of	f Standard Certifica	te)	State File	No	2 U
FEDERAL SECURI PUBLIC HEALTH SEI	TY AGE	NCY VISION OF VITAL STA	ERTIFICATE	OF STILLBI	RTH	Local Reg. No		<u> </u>
	וע ייייי	ivision of vital 20	State o	of Idaho		Reg. Dist.	No5	40
1. PLACE OF ST	FILLBIF	RTH	•	2. USUAL RESI	DENCE OF MO	OTHER (Where	does mother liv	
a. COUNTY	rankl	lin		a. STATE Ida		<ul> <li>b. COUNTY</li> </ul>		<b>u.</b> ,
b. CITY (If outside		imits, write RURAL and give	e township)	c. CITY (If outside o			canklin	
or Town Pr	restor	n		_OK _	vten	•		
		hospital or institution, give s	treet address or location)	d. STREET	(If rural, give lo	ocation)	···	
INSTITUTION	Gener	cal Memorial	Hospital	ADDRESS	Dayton.	Idaho.		
3. CHILD'S NA	ME							
(Type or Print)	)	BABY BOY B	BALLS					
4. SEX	5a. THIS			TWIN OR TRIPLET (This	child born) 6. DA	TE OF (Mon	th) (Day)	(Year)
Male	SINGLE	x twin	TRIPLET 1ST	2ND	3RD STI	LLBIRTH Mar	ch 11	195),
7. FATHER'S NAME		a. (First)	b. (Mid	ldle)	c. (Last)	414 1444	8. COLOR O	<del></del>
	Ar	rta	Llovd	В	alls		White	۷
9. AGE (At time of the	is birth)	10. BIRTHPLACE (State		IIa. USUAL OCCUPA		11b. KIND OF		
26	YEARS	Logan, Uta	h	Farmer		Own Fa	ırm	
12. MOTHER'S MAIDEN		a. (First)	b. (Mid		c. (Last)		13. COLOR C	R RACE
NAME	Ba	irbara Jean	Bodrero	Bal	ls		White	<b>!</b>
14. AGE (At time of thi	s birth)	15. BIRTHPLACE (State	or foreign country)	16. CHILDREN PREVI			Do NOT inclu	de this child)
25	YEARS	Logan Ut	ah.	a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How man children we	y OTHER re stillborn
17. INFORMANT	00	0	10	-			(born dead at pregnancy)?	ter 20 weeks
110	10	ea ma	us	1 4	<u> </u>			0
18a. LENGTH OF BRI	CY /6/8	WEIGHT AT BIRTH 1	<sup>9</sup> Was a standard	serological test	for syphilis p	erformed?	Yes.	No
40 WEEKS	<u> </u>	/ LBS. Oozs.	Approximate d	ate Nov	1953	· ·································		
CAUSE OF STILL		20a. FETAL CAUSES		1-0			3	2,3
State only morbid causing fetal death (	onditions do NOT	rans		resenvari	· · · · · · · · · · · · · · · · · · ·	9	1	<del></del>
causing fetal death (use such terms as E Prematurity, Asphyx	is, etc.)	20b. MATERNAL CAUS		Langer	-	tes	a su	ne.
21 CTATE ANY COM	DI (CATIO	S OF PREGNANCY AND	LABOR	10 pem	a mode	Tare T	7 000	
21. STATE ANY COM	The state of	NS OF PREGNANCY AND	LABOR	22. STATE ALL OPER	ATIONS FOR DEL	//	X	Lian
vectary	7	secret pre	S SIGNATURE	1 Versi	on a	nd e	x ora	
I hereby certify attended the birth		23a. ATTENBANT	SEIGHATURE		D., midwife, or oth	16r)	23b. DATE SI	GNED
child who was bor		230 ATTENDANZS AD	DRESS O	wey 74.	111.60	· · · ·	Mas	11 1959
at		Preston	dalia	If NOT 24. SIGNA attended by physician	TURE OF AUTHO	KIZED OFFICIA	_	TITLE
			c. NAME OF CEMETER		25d. LOCATION	(City town or	munty)	(State)
25a. BURIAL, CREM TION, REMOVAL (8pec		ar. 12.195	_		_	174	_	\ <u></u> /
DATE REC'D BY LOC	AL REG	ISTRAR'S SIGNATURE	Logan	26. FUNERAL DIRECT	I Log		Ω. DRESS	
	G. Ees	سه مد		Richards &		 resto∕		
				2//		2000	1000	
				TV XIII	The state of		<u> </u>	
					-		ر	

PHS-797(VS)	RECEIVE, DI	Revision of	Standard Certificat	le)	State File	$_{No}$ 41	
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	NCY MAR 18 COEFFITIF	ICATE	OF STILLBII	RTH	Local Reg	. No	
	Division of Vital Statistic	State of	Idaho		Reg. Dist.	No. 546	<u>)</u>
1. PLACE OF STILLBI	RTH		2. USUAL RESID	DENCE OF MO	THER (Where	does mother live?)	
a. COUNTY	klin		a. STATE	nho	b. COUNTY	ranklin	
b. CITY (If outside corporate)	limits, write RURAL and give township)		c. CITY (If outside o		RURAL and give	township)	
or TOWN Pres	ton		TOWN -	inrose			
c. FULL NAME OF (If not in HOSPITAL OR	hospital or institution, give street address	or location)	d. STREET ADDRESS	(If rural, give lo	cation)	· · · · · · · · · · · · · · · · · · ·	
INSTITUTION Gene	ral Memorial Hospi	tal		eston. Id	laho.		
3. CHILD'S NAME ((Type or Print)	BABY BOY NASH						
4. SEX 5a. THIS	BIRTH	5b. IF T	WIN OR TRIPLET (This	child born) 6. DAT	E OF (Mont	th) (Day)	(Year)
Male single	TWIN TRIPLET	] IST [	2ND	3RD STI	llbirth Mar	ch 16, 199	54
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR RA	
Na	lcolm	Richa	ard	Nash		White	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign or	ountry)	IIa. USUAL OCCUPA	TION	11b. KIND OF	BUSINESS OR INC	USTRY
22 YEARS	Weston, Idaho.		Farmer		Self E	moloved	
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Midd	,	c. (Last)		13. COLOR OR R	ACE
' <u> </u>	luth Tonia	Rawli	ngs	Nash		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign co	ountry)	16. CHILDREN PREVI			Do NOT include th	is child)
20 YEARS	Logan, Utah.		a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many O'children were st	illborn
17. INFORMANT	1 1 41 1		,	]		(born dead after 20 pregnancy)?	' weeks
Moderated 7	lash Wistan	Hale	,	<u> </u>			
NANCY		standard	serological test	for syphilis p	erformed?	Yes No	<u> </u>
20 WEEKS	LBS. — OZS.   Approx	dmate dat	e Oct	1953		ح	<u> </u>
CAUSE OF STILLBIRTH State only morbid conditions	ZVA. FETAL CAUSES OL	1/.		_	e	a	10
causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CAUSES	/vega	alive ne	ongar	ability	- South	o ble
Prematurity, Asphyxia, etc.)	200. MATERIAL CAUSES			•	/	) //	
21. STATE ANY COMPLICATION	NS OF PREGNANCY AND LABOR		22. STATE ALL OPER	ATIONS FOR DEL	WEDY	<u> </u>	
Rh neg	bolval		C. STATE ALL OFER	ATIONS FOR DEL	IVERI		
I hereby certify that I attended the birth of this	234. ATDENDANT'S SIGNA	TURE	(Specify if M. I	midwife, or oth	er)	23b. DATE SIGNER	<b>o</b>
child who was born dead	LOK. N	aug	Des M.	<u> </u>	1	7/7/5	4
on the date stated above at m.	236. ATTENDANT'S ADDRESS DIESTON Jan	lio	If NOT 24. SIGNA physician	TURE OF AUTHOR	RIZED OFFICIAL	. / / тіп	r <b>L</b> E
25a. BURIAL, CREMA- 25b. TION, REMOVAL (Specify)	DATE 25c. NAME C	F CEMETERY	OR CREMATORY	25d. LOCATION	(City, town, or	county) (8	state)
Burial		<u>Frankli</u>	n	Frankl	in, Idah	.0.	
DATE REC'D BY LOCAL REG	SISTRAR'S SIGNATURE		26. FUNERAL DIRECT		ADI	DRESS	
3-17-1954 E	efre w. Bran	ايرور	Richards 8	& Son	Prest	on, Ida.	
,	,		Lleun	n flor	chan		-
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		CEI	VED						40
PHS-797(VS)			(1949 Revision	of Standard Cer	rtificate)		State File	No	12 Au
FEDERAL SECUI PUBLIC HEALTH S	RITY AGE	NCY MAR-T1	CERTIFICATI	E OF STIL	LBIR	TH	Local Res	7, 7	(8)
PODLIC HEALIN S	PERVICE		tal StatisticsState				Reg. Dist.	No44Q.	***************************************
1. PLACE OF	STILLBIF	RTH		2. USUAL I	RESIDE	NCE OF MO	OTHER (When	does mother live	*)
a. COUNTY	Jeron	1 <b>e</b>		a. STATE		aho	b. COUNTY		
b. CiTY (If outsi	ide corporate l	imite, write RURAL and	give township)	c. CITY (If			RURAL and give	Jero :	пе
OR TOWN	Jerom	ne		OR	_		daho	, , , , , , , , , , , , , , , , , , , ,	
c. FULL NAME	OF (If not in	hospital or institution, gi	ve street address or location	d. STREET ADDRESS		(If rural, give lo			
HOSPITAL OF INSTITUTION	n.		Hospital	ADDRESS	83			200	
3. CHILD'S NA	AME	200 1	MOSPI GAI	<del></del>		<u> </u>	T T T T T T T T T T T T T T T T T T T	re	
((Type or Prin	nt)	KATHERINE		JEE		WEISM	r n nr		
4. SEX	5a. THIS	BIRTH		IF TWIN OR TRIPLE	T (This chi			th) (Day)	(Year)
Female	SINGLE	X TWIN	TRIPLET [ 151		] 3R	STI	LLBIRTH	rch 5.	195/
7. FATHER'S NAME		a. (First)	b. (M	(Iddle)		c. (Last)	1100	8. COLOR OR	RACE
		Gerald	Arr	ทำก	Ţ	veismar	1	Wh.	
9. AGE (At time of	this birth)	10. BIRTHPLACE (8	tate or foreign country)	11a. USUAL O				BUSINESS OR	INDUSTRY
2	9 YEARS	Texhoma.	Texas	X Ca	arper	nter	Bldg.	Const	
12. MOTHER'S MAIDEN		a. (First)		(iddle)		c. (Last)		13. COLOR OF	
NAME		Eileen	Bei	rnelle	I	Post		Wh.	
14. AGE (At time of t	this birth)	15. BIRTHPLACE (8	tate or foreign country)	16. CHILDREN			THIS MOTHER (		e this child)
2	8 YEARS	Cowles, N	lebraska	a. How many dren are now	chil-	b. How many born alive but a	children were	c. How many	OTHER
17. INFORMAN	T			area use now s	v.ms.	DOLLI MILYO DUL M	te now dead:	children were (born dead after pregnancy)?	er 20 weeks
Eile <b>en</b> W	<b>eism</b> a	n (mo	ther)	1	İ	0		pregnancy);	)
18a. LENGTH OF P	REG-   18b.	WEIGHT AT BIRTH	19 Was a standar	rd serological	test for	r syphilis p	erformed?	Yes X	No
24 WEEK		2 LBS 02S.	Approximate			1953	*************	31	366
CAUSE OF STIL	LBIRTH	20a. FETAL CAUSES	1						
State only morbid	conditions								
causing fetal death use such terms as Prematurity, Asphy	Stillbirth,	20b. MATERNAL CA	USES Detatel	red pla	cour	E. we	the al	A Can I	-
		sufa	uto "M	isse d'	Ab	rition			
21. STATE ANY CO	MPLICATION	NS OF PREGNANCY A	IND LABOR	22. STATE ALL	OPERAT	IONS FOR DEL	IVERY		
I hereby certij attended the birt	fy that I	23a. ATTENDAN	IT'S SIGNATURE	(Specify	if M. D.,	midwife, or oth	ier)	23b. DATE SIG	NED
child who was b	orn dead		me E.	long	M	<u> </u>		3/9	154
on the date stat	ted above	23c. ATTENDANT'S		If NOT 24.	SIGNATU	RE OF AUTHO	RIZED OFFICIAL	-	TITLE
ut 0:40	8.•m.	Je2rome,	Idaho	physician					
5a. BURIAL, CRE TION, REMOVAL (8p.	MA- 25b.	DATE	25c. NAME OF CEMETI	ERY OR CREMATO	RY 2	d. LOCATION	(City, town, or	ounty)	(State)
<u>Burial</u>	<u>  Ma</u>	<u>r.5,1954  </u>	Jerome		- 1	Jer	ome, I	dano	
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATURI		26. FUNERAL I	DIRECTOR	1	AD	DRESS	<del></del>
Mar.5,19	<u>محميا 4</u> 4	ister M	. Stare Oto	3 der	ald	1.	Weis	nan	
		•	/						

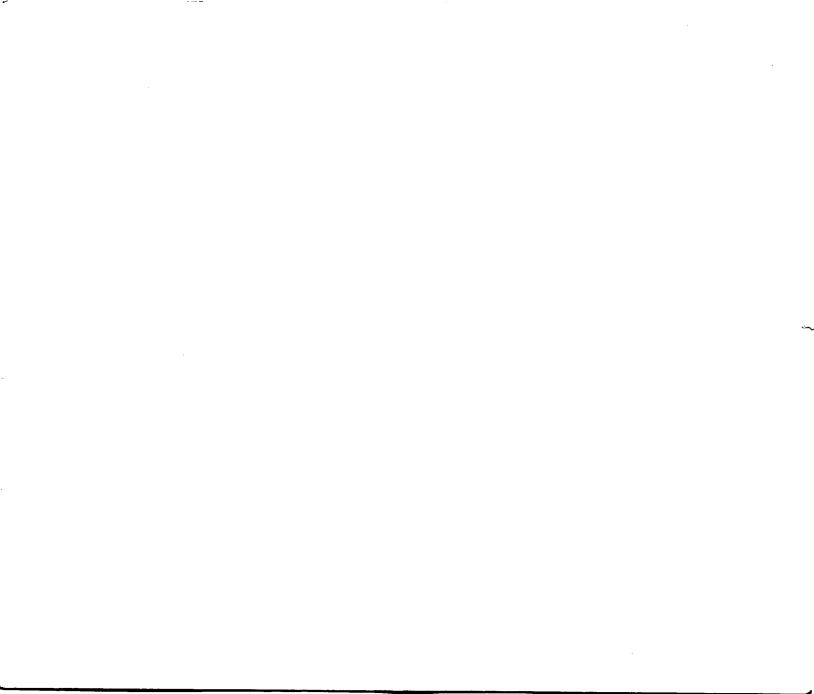
PHS-797(VS) 4-48		(1949 Rev	ision of	Standard Certificate	e)	State File	No.	싶당
4-48 FEDERAL SECURITY AC PUBLIC HEALTH SERVICE	GENCYRFCE	CENTER	ATE	OF STILLBIF	ŔТН		. No./84	<u>(a</u> T8
· ODEIO HANAINI GENTIGE	ADD S	2_195/LS	State of	Idaho		Reg. Dist.	No. 44.0.	***********
1. PLACE OF STILLE	BIRTH AFR			2. USUAL RESID	ENCE OF MO	THER (Whee	does mother live	•
a. COUNTY Jerome	e Division of	Vital Statisti	ics	a. STATE	laho	b. COUNTY		″ alls
b. CiTY (If outside corpora OR		give township)		c. CITY (If outside of		RURAL and give	township)	2112
<u> Town</u> Jerome	€				win Fall		,	
c. FULL NAME OF (If not HOSPITAL OR		ve street address or	location)	d. STREET	(If rural, give loc		···	
INSTITUTION	St.Benedict	t's Hosp	oital	ADDRESS 3	37 Nort	h Lucu	st.	
3. CHILD'S NAME					71 11020	<u> </u>	50	
((Type or Print)	PAT	MI	CHAE	L	SCH	ERBINS	КĒ	
4. SEX 5a. TH	IS BIRTH		5b. IF T	WIN OR TRIPLET (This e		E OF (Mon		(Year)
Male singi	LE 🔯 TWIN	TRIPLET	1ST	7 📑	3RD STIL	LBIRTH Mar		195/
7. FATHER'S NAME	a. (First)		b. (Midd	e)	c. (Last)		8. COLOR OR	RACE
	Elmer		How	ard So	herbins	ke	Wh.	
9. AGE (At time of this birth)	10. BIRTHPLACE (S	tate or foreign count		11a. USUAL OCCUPAT			BUSINESS OR	INDUSTRY
28 YEAR	RMcLaughlir	n, S. Da	ako ta	Electric	cian			
12. MOTHER'S MAIDEN	a. (First)		b. (Middl	(e)	c. (Last)		13. COLOR OF	RACE
NAME	Maxine	F	Ielen		Cunnin	gham	Wh.	
14. AGE (At time of this birth)	15. BIRTHPLACE (8	tate or foreign count	try)	16. CHILDREN PREVIO			Do NOT includ	e this child)
23 YEAF	s Buhl, Ic	daho		a. How many chil- dren are now living?		hildren were	c. How many	OTHER
17. INFORMANT				aren are now itying.	DOLL STIVE DUL STI	e now dead?	children were (born dead afte	ar 20 weeks
Maxine H. S	Scherbinske	e (mothe	er)	ן ו	0		pregnancy)?	)
18a. LENGTH OF PREG- 1	8b. WEIGHT AT BIRTH	19 Was a st	andard	serological test f	or syphilis pe	rformed?	Yes X	No
WEEKS	7 LBS. OZS.	Approxin	nate dat	e Nov.	1953			26,6
CAUSE OF STILLBIRT		Fetus	ent	twined in	uniful	ind Ca	ne a	tout
State only morbid condition causing fetal death (do NO use such terms as Stillbirt	15 reck-	+ arac	wells	ricle - as	Gtructing	umbi	liel n	ssels
ise such terms as Stillbirt Prematurity, Asphyxia, etc.)	b, 20b. MATERNAL CA	USES		•	= 0			<del></del>
	hou							
21. STATE ANY COMPLICAT	IONS OF PREGNANCY A	ND LABOR	İ	22. STATE ALL OPERA	_	VERY		
none.			1	non				
I hereby certify that uttended the birth of the	I 23a. ATTENDAN	S SIGNATI	URE	(Specify if M. D	., midwife, or othe	r)	23b. DATE SIG	NED
hüd who was born dea	d	order	( D) (	) caram	- mo		Mar.26	, 1954
on the date stated abou	- H		ا	If NOT 24. SIGNAT	URE OF AUTHOR	ZED OFFICIAL	•	TITLE
11 _3:40 _ Q • m.	Twin Fal		no i	physician	· · · · · · · · · · · · · · · · · · ·			
TION DEMONIAL	Sb. DATE	25c. NAME OF	CEMETERY	OR CREMATORY	25d. LOCATION (	City, town, or	ounty)	(State)
	3/25/54		me		- Her	~ v · · · ·		
PATE REC'D BY LOCAL R	EGISTRAR'S SIGNATURE	<b>'</b>		26. FUNERAL DIRECTO	OR J	ADI	DRESS '	
1ar.26,1954 <i>f</i>	H MEN X		<u> </u>	Uson	us J.	(1 in	ومروه	
L.	iter In C	2 19	13			Jer	ome. I	daho
		use U	<u> </u>				J	

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		REC	1		Standard Certificat OF STILLBIF					3. 4
PHS-797(VS) 4-48		~ (	E 118 10 Revi	sion of	Standard Certificat	e)		State File	No	1), 13.
FEDERAL SECUR	RITY AGEI	NCY N. MAR	gertific	ÀTE	OF STILLBIF	RTH		Local Reg		90
		Livision of	Vital Statistic	tate of	OF STILLBIF			Reg. Dist.	No	*************
1. PLACE OF S	TILLBIR	TH .	Hal Statistic				OF MO	THER (Where	does mother liv	re?)
a. COUNTY		Lemhi	-10(16	3	a. STATE Ida				Lemhi	
b. CITY (If outsid	le corporate li	mite, write RURAL and	give township)		c. CITY (If outside or	orporate lim	its, write l	RURAL and give	township)	
TOWN S	almon				II _OR	lmon				
c. FULL NAME C HOSPITAL OR INSTITUTION		hospital or institution, gi			d. STREET ADDRESS	(If rurs	l, give loc	ation)		
3. CHILD'S NA		Te memor	al Hosp.	<u> </u>	<u> </u>	<del></del>				
((Type or Print		Baby Nol	an							
4. SEX	5a. THIS	BIRTH		5b. IF T	WIN OR TRIPLET (This	child born)	6. DATE	E OF (Mont	th) (Day)	(Year)
Male	SINGLE	I twin I	TRIPLET	1ST [	2ND	3RD	STIL	e of (Mont LBIRTH Mar	ch 17,	1954
7. FATHER'S NAME		a. (First)		b. (Midd	le)	с. (	Last)		8. COLOR O	R RACE
	Jame	3		F.		$^{ m N}$ ol:	an		White	
9. AGE (At time of the	hia birth)	10. BIRTHPLACE (S	tate or foreign countr	ry)	11a. USUAL OCCUPAT	TION		11b. KIND OF	BUSINESS OF	RINDUSTRY
27_	YEARS	unknown			Mechanic		1			
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	lle)	c. (	Last)		13. COLOR C	OR RACE
NAME	Del	Lores	Cec	ile		Lyon	n	1	White	
14. AGE (At time of the	his birth)	15. BIRTHPLACE (8	tate or foreign count	r <b>y</b> )	16. CHILDREN PREVIO				Do NOT inclu	de this child)
22	YEARS	Salmon.	Idaho		a. How many chil- dren are now living?	b. How	many c	hildren were now dead?	c. How man children we	y OTHER
17. INFORMANT	Γ , ,	<b>5</b> ./	Salmo						(born dead at pregnancy)?	iter 20 weeks
<u> </u>	cel	2 WOO	d Idar	20	0	1	0	ļ	0	
18a. LENGTH OF PR NA HO WEEKS	NCY	WEIGHT AT BIRTH  LBS. OZS.	19 Was a sta Approxim	indard	serological test f	or sypi	ilis pe	rformed?	Yes	Noe
		20a. FETAL CAUSES			-			· · · · · · · · · · · · · · · · · · ·	آس.	6.4
CAUSE OF STILI	conditions	. X	200	0	000	-1		-0.	$\theta$	
causing fetal death	(do NOT stillbirth.	20b. MATERNAL CA	USES	we	repui	u.	<del>7 /</del>	vuen	u	
Prematurity, Asphy	xia, etc.)						•			
21. STATE ANY COM	APLICATION	IS OF PREGNANCY	AND LABOR		22. STATE ALL OPER	ATIONS FO	DR DELIV	VFRY		
	n				7~	4	~ · · · · · · ·			
I herebu certif	u that I	23a. ATTENDAN	IT'S SIGNATU	JRE	(Specify if M. I	D., midwife	a. or othe	r)	23b, DATE SI	GNFD
attended the birth	h of this	_ /	10us	01		_	,	~	7 _ /	\$ \chis\$
child who was bo on the date state		23c. ATTENDANT'S	ADDRESS	<b>V</b>	If NOT   24. SIGNA	TURE OF	AUTHOR	IZED OFFICIAL		TITLE
at	m.	Dulyn	2.1	uha	attended by physician				-	
25a. BURIAL, CREI	MA- 25b.	DATE	25c. NAME OF C	EMETERY	OR CREMATORY	25d. LOC	ATION (	City, town, or	county)	(State)
TION, REMOVAL (800 Burial	<sup>rdfy)</sup>   3-	-18-54	Salmon					Idaho	•••	•••••••
DATE REC'D BY LO	CAL REGI	ISTBAR'S SIGNATUR	E / /		26. PONERAL DIRECTO		<u> </u>	~	DRESS	
Mar-24-	34 Y	isla 6.	Lohus	المعد	N Mis	X-(L		/ /	almon	. Idaho
			The same	a, , , , ,		•	1	~		
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	•		4 <del>4</del>	
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PHS-797(VS)	RFCFIV	Revision of	Standard Certificate	)	State File	No. 25
4-48 FEDERAL SECURITY AGE	NCY	CEPTIFICATE	OF STILL DIE	TL	Local Reg	110
PUBLIC HEALTH SERVICE	MAR <b>25</b> 1	SERTIFICATE	OF STILLDIN	1111	Reg. Dist.	
r		Signe of	ldaho		reg. Dist.	110
I. PLACE OF STILLBIF	Avision of Vital	Statistics	2. USUAL RESID	ENCE OF MC	THER (Where	does mother live?)
a. COUNTY NO.7	Perce		a. STATE Idah			Nez Perce
b. CITY (If outside corporate l		-i				
OR		Elve township)	C. CITY (If outside co	rporave nimita, write	RURAL and give	township)
TIE//IT				Lewiston		
c. FULL NAME OF (If not in HOSPITAL OR	hospital or institution, give	ve street address or location)	d. STREET ADDRESS	(If rural, give lo	cation)	
INCTITUTION OF	Joseph Hos	pital	6	09 Presto	on	
3. CHILD'S NAME						
((Type or Print)	GARY LEUIS	BALDWIN				
4. SEX 5a. THIS			WIN OR TRIPLET ON	uu le DAT	TE OF (Man)	h) (Deal) (Tree)
4. SEA Ja. INIS	ELL ELL	[ ] [ ] [ ] [ ]	WIN OR TRIPLET (This o	hild born) 6. DAT	FE OF (Mont LLBIRTH	h) (Day) (Year)
Male   SINGLE	TWIN	TRIPLET 1ST	2ND	3RD 🔲 📗	Ma	rch 8, 1954
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR RACE
NAME	Louis C	harles Baldwi	n			White
9. AGE (At time of this birth)	10. BIRTHPLACE (8		11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR INDUSTRY
	1				_	
50 YEARS	Kamiab		Laborer	(T - 1)	Lumbe	
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	116)	c. (Last)		13. COLOR OR RACE
NAME	Ellen			King		White
14. AGE (At time of this birth)	15. BIRTHPLACE (S	tate or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER (	Do NOT include this child)
32 YEARS	Pomerov.	Washington	a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How many OTHER children were stillborn
17. INFORMANT			then are now itsmg:	DOLD MINE DUCK	te now dead:	(born dead after 20 weeks
800-	SO Kal	$2\Omega_{\rm max}$	_	_		pregnancy)?
- Euch	WEIGHT AT BIRTH	gaven .	2			
NANCY /	. WEIGHI AI BIRIH	<sup>19</sup> Was a standard	serological test		erformed?	YesNo
24 WEEKS	LBS. OZS.	Approximate da	لے te	an.6,1	954	
CAUSE OF STILLBIRTH	20a. FETAL CAUSES		/			39,5
State only morbid conditions		1 rem	ature			<b>-</b> , .
causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CA	USES				
Prematurity, Asphyxia, etc.)						
AL STATE AND COMPLETED	NO OF PRESNANCY	IND LABOR	LOS CTATE ALL OPEN	TIONS FOR DEL	IVEOV	
	NS OF PREGNANCY A		2. STATE ALL OPER	ATIONS FOR DEL	TOMIN	volo placenta
remater spor	yanera 10	aprice of much	E TULA	many	100.000	•
I hereby certify that I	23a. ATTENDAN	TS SIGNATURE	(Specify if M. I	midwife, or oth	ner)	23b. DATE SIGNED
attended the birth of this	1	salph	MAAA.	h M	m	3-13-39
child who was born dead on the date stated above	23c ATTENDANT'S	ADDRESS	II NOT   24. SIGNA	URE OF AUTHO	RIZED OFFICIA	L TITLE
	W. K.L.	a. [A)/A	attended by			_
atm.	Como	-, 000	physician			(54-44)
TION, REMOVAL (Specify)	. DATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or	county) (State)
Removal 3	/13/54	Vineland	l Cemetery	Clark	ston. Wa	shington
	STRAR'S SIGNATUR		26. FUNERAL DIRECT			DRESS
3-15-54 REG. (	11 hls	soli		uched	Clark	ston, Washington
21001	an 110	germo_			-1011	manife (O)

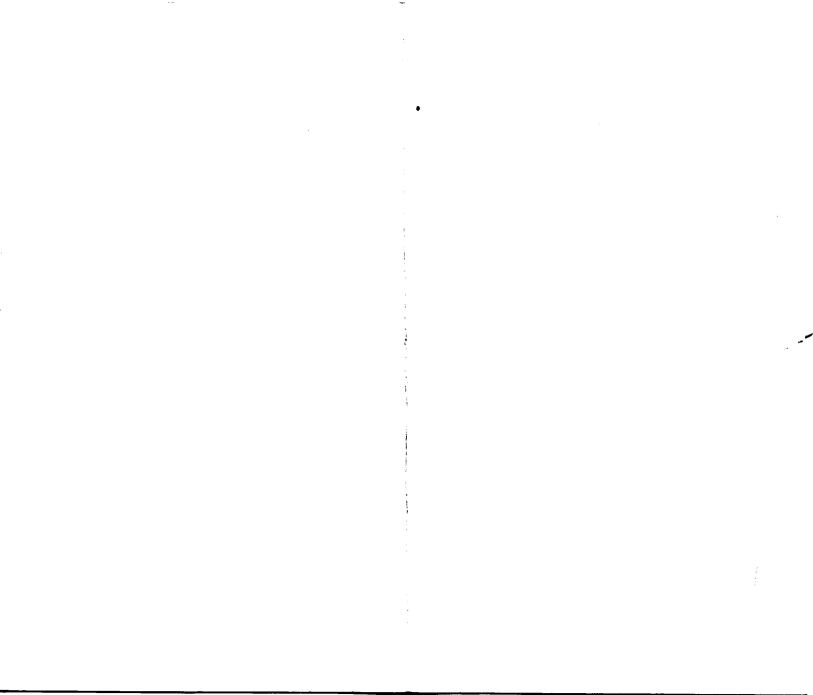


Merit Lord

PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE	ECE	EER H	Revision of a	Standard Certificate) OF STILLBIRTH
	MAR 25	5 1954	State of	Idaho

State	: File No		
Local	Reg. No.	طرخ کی	
Reg.	Dist. No.	220	•••

PUBLIC HEALTH SE		MAR 25	1954	State of	Idaho	XIII	Reg. Dist.	No. 22	0
	Nez I	Division of Vita			2. USUAL RESID a. STATE Wa.s c. CITY (If outside or	hington	b. COUNTY	Asotin	7)
TOWN	Lewis	ton		•	_OR	Asotin	e RURAL and give	e township)	
INSTITUTION	St.	Joseph Hos		or location)	d. STREET ADDRESS	(If rural, give l	ocation)		
3. CHILD'S NA ((Type or Print		BABY WES	r		<u> </u>		***		
4. SEX	5a. THIS	BIRTH	_	5b. IF T	WIN OR TRIPLET (This	hild born) 6. DA	TE OF (Mon	th) (Day)	(Year)
Female	SINGLE		TRIPLET	1ST [		3RD   51		rch 14.	1954
7. FATHER'S NAME		a. (First)		b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
		TTOAD				WEST		MHI.	
9. AGE (At time of the		10. BIRTHPLACE (St			11a. USUAL OCCUPAT	TION		BUSINESS OR	INDUSTRY
31 12. MOTHER'S	YEARS	Asotin,	Washing		Rancher		Farm		
MAIDEN NAME		PATRICIA		b. (Midd	16)	c. (Last)	NT 87	13. COLOR OF	R RACE
14. AGE (At time of the	him birdh)	15. BIRTHPLACE (8)			16. CHILDREN PREVIO	BAGGET		WHITE	- 41 ( 1 11 11
97	YEARS	Seattle			a. How many chil- dren are now living?	b. How many	children were	c. How many	<del></del>
17. INFORMAN		Seature	. wasnin	rg con	_	born alive but	are now dead?	children were (born dead after pregnancy)?	stillborn
190 LANGTH OF DE	Y A	WEIGHT AT BIRTH	1 10		2	0		0	
18a. LENGTH OF PE NA WEEKS		LBS. 675.	Approx	standard cimate da	serological test f	or syphilis	performed?	Yes	No
CAUSE OF STIL. State only morbid causing fetal death use such terms as		20a. FETAL CAUSES	ould	er si	nesen	tate			age_
use such terms as Prematurity, Asphy	Stillbirth, xia, etc.)	20b. MATERNAL CA	USES	U			ai	te en	
2 STATE ANY COA	APLICATION der	IS OF PREGNANCY A	AND LABOR	in	22. STATE ALL OPERA	ATIONS FOR DE	LIVERY	emo	n The
I hereby certif attended the birt child who was be	h of this	23a. ATTENDAN	T'S SIGNA	TURE	(Specify if M. I	O., midwise, or p	her)	23b. DATE SIG	SNED SZ
on the date state		23c. ATTENDANT'S	ADDRESS	20	If NOT 24. SIGNA attended by physician	TURE OF AUTHO	RIZED OFFICIA	L	TITLE
25a. BURIAL, CRE	M A- 25b.	DATE			OR CREMATORY	_	(City, town, or		(State)
Removal DATE REC'D BY LO 3-19-54		17/1954 istrar's signatur		ineland	26 FUNERAL DURECT		/	DRESS	on Washingto
	1/								



PHS-797(VS)	RECEIV	V E949 Revision of	Standard Certificat	e)	State File	No	47
FEDERAL SECURITY AGENCY APR1 - CERTIFICATE OF STILLBIRTH				₹ТН		. No	
		Sigle C	of Idaho		Reg. Dist.	No2.2	Q
1. PLACE OF STILLBIR	Present of Vita	l Statistics	2. USUAL RESID	ENCE OF MO	OTHER (Where	does mother live!	")
a. county Nez Per	rce		a. STATE Ida		b. COUNTY	Nez Per	
b. CITY (If outside corporate lin		give township)	c. CITY (If outside o	orporate limits, write	RURAL and give	township)	<del></del>
TŎŴN Lewisto	n			iston			
c. FULL NAME OF (If not in I HOSPITAL OR INSTITUTION S+	hospital or institution, given by Joseph's	ve street address or location)	d. STREET ADDRESS	(If rural, give to			
3. CHILD'S NAME	oosepn s		" 11	ll Trevit	ob nav		<del></del>
(Type or Print)	DEBORAH L	YNN TANK					
4. SEX 5a. THIS I			TWIN OR TRIPLET (This	bild born) 6. DA	TE OF (Mont	th) (Day)	(Year)
Female single	TWIN [	TRIPLET 1ST		3RD STI	TE OF (Mont LLBIRTH Marcl	n 22,	1954
7. FATHER'S NAME	a. (First)	b. (Mid	dle)	c. (Last)		8. COLOR OR	RACE
	Oonald	Lee	<b>;</b>	Tank		White	
9. AGE (At time of this birth)	10. BIRTHPLACE (St	tate or foreign country)	11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS OR	INDUSTRY
20 YEARS	Lead, Sou	th Dakota	Marine Cor	p			
12. MOTHER'S MAIDEN	a. (First)	b. (Mid	(dle)	c. (Last)		13. COLOR OF	RACE
	ludra	Mar	ie	Barker		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (8)	tate or foreign country)	16. CHILDREN PREVIO				
19 YEARS	Arkansas		a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many children were	OTHER stillborn
Mrs. Dorat	hy Las	rier	1	0		(born dead after pregnancy)?	ar 20 weeks
18a./LENGTH OF PREGNANCY NANCY WEEKS	WEIGHT AT BIRTH	19 Was a standard Approximate de	serological test i	or syphilis p	erformed?	Yes V	No
/ - /	20a. FETAL CAUSES		7 775	<del></del>			2 8 1 1
CAUSE OF STILLBIRTH State only morbid conditions	Cardiac	Tanmonado	with atelect	trees herel	tile cho	let al Con	secutal ,
causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CA		work sowaa	7,000	2900 7100	<u> </u>	auonal
Prematurity, Asphyxia, etc.)							
21. STATE ANY COMPLICATION	S OF PREGNANCY A	IND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	IVERY		
Pregnaver sion	- Hewarrhog	e during lalor	NON				
I hereby ceflify that I	23a. APTENDAN	T'S SIGNATURE	(Specify if M. I	)., midwife, or oth	oer)	23b. DATE SIG	NED
attended the birth of this child who was born dead	Just	mobiae	aw			3/23/5	4
on the date stated above	23 ATTENDANT'S	ADDRESS	If NOT 24. SIGNA	TURE OF AUTHO	RIZED OFFICIAL	_	TITLE
at 205 m.	devistor &	dales	physician				
25a. BURIAL, CREMA- 25b. TION, REMOVAL (Specify)	DATE	25c. NAME OF CEMETER	RY OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
Burial		Normal-Hill		Lewist		ho	
DATE REC'D BY LOCAL REGI	STRAR'S SIGNATUR	* / ·	26. FUNERAL DIRECT	or Brower.	Wann AD	DRESS	
3-24-37 ()	un Ne	elins	11.71. Ma	lean	Let	wiston,	⊥daho
					Mc	Rae	

PHS-797(VS) 4-48		(1949 Revision of	Standard Certificate	e)	State File	No	80
FEDERAL SECURITY APPUBLIC HEALTH SERVICE	GENCY C	ERVIEWTE	OF STILLBIF	RTH	Local Reg	. No	,
PUBLIC HEALTH SERVICE	REC	ERVINOATE  17 195 State of  Visal Statistics	Idaho		Reg. Dist.	No2.2.	<b>0</b>
1. PLACE OF STILLE	SIRTH OD	171934	2. USUAL RESID	ENCE OF MO	THER (NO.		
a. COUNTY	NezPerce NezPerce to Hunto, write R <b>Divisity</b> iston	Wital Statistics	a. STATE Wa	sh.	6 COUNTY	Asotin	)
b. CITY (If outside corpora	te limita, write ROMANSION	re township)	C CITY (If outside as				
OR TOWN Lew	iston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarkston				
c. FULL NAME OF (II no	t in hospital or institution, give	street address or location)	d. STREET	(If rural, give loca		· · · · · · · · · · · · · · · · · · ·	
HOSPITAL OR INSTITUTION	t in hospital or institution, give St Joseph's Ho	spital	II ADDDECC	7- <sup>H</sup> ighla			
3. CHILD'S NAME				-1 -511-4			
(Type or Print)	Downer Poter	dala Dalamala					
4. SEX   5a. TH	IS BIRTH	ick Polumsk	WIN OR TRIPLET (This o	hild born) 6 DATE	OF (Mon	th) (Day)	(Year)
male sing	LE X TWIN	TRIPLET   1ST		إراب STILJ	віктн (Мал.) March 3	1. 1954	(1001)
7. FATHER'S	a. (First)	b. (Midd		c. (Last)	TALL CIT J.	8. COLOR OR	RACE
NAME	Kenneth Po	lumsky		,		White	
9. AGE (At time of this birth)		•	11a. USUAL OCCUPAT	TON I	11h KIND OF	BUSINESS OR	
YEA		Wash.				DOSTINESS ON	INDOSTRI
12. MOTHER'S	a. (First)	b. (Midd	ile)	c. (Last)		13. COLOR OF	RACE
MAIDEN NAME	Ruth			Bailey		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (Stat	e or foreign country)	16. CHILDREN PREVIO		IS MOTHER (		
27 YEA	Rs Bend, Or	e.	a. How many chil- dren are now living?	b. How many cl born alive but are			
7. INFORMANT		0	den are now hying:	born arive but are	now dead t	c. How many children were (born dead after pregnancy)?	± 20 weeks
I ennett &	Molum	sky	none	none		none	ر و
18a. LENGTH OF PREG 1	8b. WEIGHT AT BIRTH	Was a standard			rformed?	Yes -	No.
WEEKS	LBS. OZS.	Approximate da	te 10/12/53			3	4,5
CAUSE OF STILLBIRT							
State only morbid conditionsusing fetal death (do NO	ns T	assessed	rea.				7
use such terms as Stillbirt Prematurity, Asphyxia, etc.)	D. 1 20b. MATERNAL CAUS	SES //	-00	٠	1 -	1	
· · · · · · · · · · · · · · · · · · ·		Her	aces G	ulkeel	an	(he	-03
21. STATE ANY COMPLICAT	TIONS OF PREGNANCY AN	D LABOR	22. STATE ALL OPERA	ATIONS FOR DELIV	ERY		
	,						<u> </u>
I hereby certify that attended the birth of th	I 23a. ATTENDANT	'S SIGNATURE	(Section M.J.	., midwife, or other	ا ورن	23b. DATE SIG	NED.
child who was born dea	ıd	201	orcer	es m		7/21	<u> </u>
on the date stated abou	ve 23c. ATTENDANT'S AD	DDRESS	attended by	TURE OF AUTHORI	ZED OFFICIAL	L	TITLE
itm. 5a. BURIAL. CREMA-   2	EL DATE		physician		<del> </del>		
ION, REMOVAL (Specify)	1	5c. NAME OF CEMETERY	1	25d. LOCATION (	• • •	**	(State)
burial	April 2,54   REGISTRAR'S SIGNATURE	Normal Hil			con, Ida		
4-3-54 REG.	EDISTRANS SIGNATURE	//-	26. FUNERAL SIRECTO	08		DRESS	2 - 1.
, , , ,	Hem N	gelleno	10110	way	Lew:	iston, Io	iano.
		/				·	

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		•		
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PHS-797(VS) RECEIVE 149 Revision of	Standard Certificate)	State File No.
FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE  MAR 29 954  State of	OF STILLBIRTH	Local Reg. No
State of		Reg. Dist. No/42
I. PLACE OF STILL BIRTH OF VITAL Statistics	2. USUAL RESIDENCE OF MO	OTHER (Where does mother live?)
a. COUNTY	a. STATE	b. COUNTY flatena;
b. CITY (If outside corporate limits, write RURAL and give township)	c. CITY (If outside corporate limits, write	RURAL and give township)
TOWN Wallace	TOWN PAGE	Lako
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	d. STREET (If rural, give to	equation)
3. CHILD'S NAME ((Type or Print)	P MC KIN	Vis
	WIN OR TRIPLET (This child born) 6. DA	TE OF (Month) (Day) (Year)
Exercise SINGLE TWIN TRIPLET 15T	2ND 3RD 3	March 3. 1954
7. FATHER'S a. (First) b. (Midd NAME A Nes/e)	de)  C. (Last)  C. (Last)	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
.3 V YEARS alalah	Munik	Muning
12. MOTHER'S a. (First) b. (Midd MAIDEN AME	A FOR S	13. COLOR OR BACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO	THIS MOTHER (Do NOT include this child)
37 YEARS ROLL STATE OF STATES	a. How many children are now living?  b. How many born alive but a	
Weeley M Kinner		pregnancy)?
18a. LENGTH OF PREG 18b. WEIGHT AT BIRTH 19 Was a standard	serological test for syphilis p	erformed? Yes No
WEEKS LBS. OZS. Approximate da		
CAUSE OF STILLBIRTH   20a. FETAL CAUSES	11	39,2
State only morbid conditions causing fetal death (do NOT	Olistoria)	
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		WENY
121. STATE ANT COMPLICATIONS OF PREGNANCT AND LABOR		
	22. STATE ALL OPERATIONS FOR DEL	IVERY
I hereby certify that I   23a. ATTENDANT'S AGNATURE attended the birth of this	22. STATE ALL OPERATIONS FOR DEI	
I hereby certify that I   23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or ot	her) 23b. DATE SIGNED
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this child who was born dead	(Specify if M. D., midwife, or ot	her) 23b. DATE SIGNED
I hereby certify that I attended the birth of this child who was born dead on the date stated above 23c. ATEMBANT'S ABBRESS	(Specify if M. D., midwife, or of  If NOT attended by physician	her) 23b. DATE SIGNED
I hereby certify that I attended the birth of this child who was born dead on the date stated above at	(Specify if M. D., midwife, or of  If NOT attended by physician	ner) 23b. DATE SIGNED  RIZED OFFICIAL TITLE
I hereby certify that I attended the birth of this child who was born dead on the date stated above at	(Specify if M. D., midwife, or ot  If NOT attended by physician  Y OR CREMATORY 25d. LOCATION	RIZED OFFICIAL TITLE  (City, town, or county) (Sjate)
I hereby certify that I attended the birth of this child who was born dead on the date stated above at	(Specify if M. D., midwife, or ot  If NOT attended by physician  Y OR CREMATORY 25d. LOCATION	RIZED OFFICIAL TITLE  (City, town, or county) (Sjate)

1. 1. N

PHS-797(VS)  RECEIV(E4Devision of Standard Certificate)					tate File	No	50
FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE MAR 2 4 5 4 State of Idaho						No. 38.	5
		Digital An	Idaho	R	eg. Dist.	No46.	<i>a</i>
I. PLACE OF STILLBIR	<del>a Pivision of Vi</del>	al Statistics	2. USUAL RESID	ENCE OF MOTH	IER (Where	does mother live?	
a. COUNTY Tw i	n Falls		A STATE	daho b.	COUNTY T	win Fa	11s
b. CITY (If outside corporate i		rive township)	c. CITY (If outside of	orporate limits, write RUI			
TW i	n Falls		OR TOWN	Bu h 1			
c. FULL NAME OF (If not in HOSPITAL OR			d. STREET ADDRESS	(If rural, give location	n)		
institutio Magic	<u>Valley M</u>	em. Hosp,	l R	t. #3			
3. CHILD'S NAME ((Type or Print)	Dobir C	irl Roberts	on				
4. SEX 5a. THIS	Baby G		WIN OR TRIPLET (This o	hild born) 6. DATE O	F (Mont	h) (Day)	(Year)
Fe. SINGLE	EX TWIN	TRIPLET IST	7 [7]	3RD 6. DATE O	RTH 3	18,	54
7. FATHER'S	a. (First)	b. (Midd		c. (Last)	·	8. COLOR OR	RACE
NAME	Joseph	W•	Robe	rtson	ł	White	
9. AGE (At time of this birth)	10. BIRTHPLACE (St		11a. USUAL OCCUPAT	<del></del>	. KIND OF	BUSINESS OR I	NDUSTRY
YEARS	1	ake City, U	tah				
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR OR	RACE
	e1a		Hays	}		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (St	ate or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS	MOTHER ()	Do NOT include	this child)
YEARS	Mis	souri	a. How many children are now living?	b. How many child born alive but are no	iren were ow dead?	c. How many children were (born dead after	stillborn
	) KI. +	<del>)</del>	. 0		_	pregnancy)?	
188. LENGTH OF PREG-   18b	WEIGHT AT BIRTH	10	<u> </u>	mo	بحر ا		<u> </u>
WANCY WEEKS	7 LBS. 2 0ZS.	<sup>19</sup> Was a standard Approximate dat	serological test f	for syphilis perfe	ormed?	Yes 1 5.57	Vo
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	eer: Il	5%.	0		<i>e</i> .	39,5
causing fetal death (do NOT use such terms as Stillbirth,	20b MATERNAL CA	ISES	- Cours	77	ew	men	
Prematurity, Asphyxia, etc.)		roce					
21. STATE ANY COMPLICATIO	NS OF PREGNANCY A	ND LABOR Breek	22. STATE ALL OPER	ATIONS FOR DELIVER	IY PRICE	1.6.	ma io
I have be contifued by I	22. ATTENNAN	T'S SIGNATURE	Land Constitution of the C	, midwife, or other)	1	23b. DATE SIGN	UFD.
I hereby certify that I attended the birth of this	Za. Al Izabai	THACL	(specify if M.	>, midwile, or other)	1	30. DATE SIGI	-54
child who was born dead on the data stated above	23c. ATTENDANTS	ADDRESS	II NOT   2 SIGNA	TURE OF AUTHORIZE	D OFFICIÁL		TITLE
at 10 P m.			attended by physician				
TION REMOVAL (Boardly)	DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (Cit	y, town, or c	ounty)	(State)
Burial 3	/20/54	Sunset Me	m. Park	Twin 1	Falls	, Ida,	
DATE REC'D BY LOCAL REG	ISTBAR'S SIGNATURE	dep.	26. FUNERAL DIRECT			ORESS	
March 23, 1914	Edythe	D. Koonto	MUHATA	UND BACOLURY	Twi:	n Falls	.Ida.
		<i>\</i>	<b>V</b> •		-		

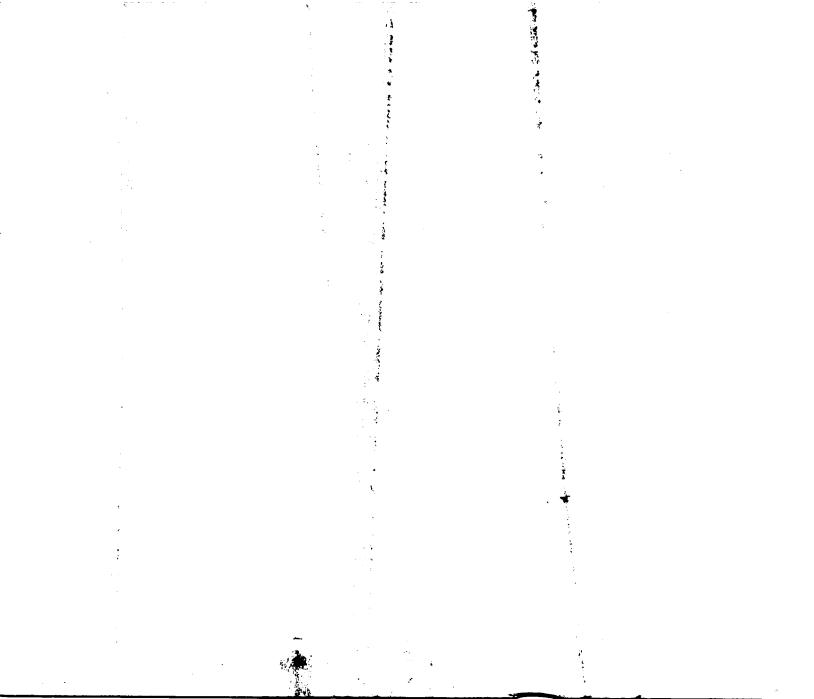
PHS-797(VS)	R	ECEIVE	E 📭 949 Revi	sion of	Standard Certifica	te)	State File	No	51
FEDERAL SECURITY AGENCE 15 195 ERTIFICATE OF STILLBIRTH						Local Reg	. No. 134	5	
TODE O TILLETTE SE		sion of Vital Sta	S	tate of	Idaho		Reg. Dist.	No. 370	***********
1. PLACE OF S	TILLBIR	TH		<del></del> 1	2. USUAL RESII	DENCE OF MO	THER (Whee	does mather live	
a. COUNTY Ada					a. STATE		b. COUNTY	e does mother 11461	,
OR OR		mite, write RURAL and	give township)		c. CiTY (If outside of OR	orporate limits, write	RURAL and give	township)	
TOWN BOL	80,				TÖŴN BO1	.se			
c. FULL NAME OF	F (If not in	hospital or institution, given Memoria		_ • .	d. STREET ADDRESS	(If rural, give lo		<b>a</b> 1	
3. CHILD'S NA	BOOT!	1 Memoria	L Hospit	dLe:	40	12. Nez	Perce	Street	<u> </u>
(Type or Print	3	LLY WAYNE	TRAUTMA	N					
4. SEX	5a. THIS	BIRTH		.5b. IF T	WIN OR TRIPLET (This	ebild born) 6. DA	TE OF (Mon	th) (Day)	(Year)
Male.	SINGLE	TWIN .	TRIPLET	1ST	2ND		ril.6.	1954.	
7. FATHER'S NAME		a. (First)		b. (Middl	e)	c. (Last)		8. COLOR OR	RACE
		Junior	·			Doe	ring.	White	∌ •
9. AGE (At time of th	in birth)	10. BIRTHPLACE (St		<b>y</b> )	11a. USUAL OCCUPA		11b. KIND OF	BUSINESS OR	INDUSTRY
18	YEARS		Idaho.			force.			
12. MOTHER'S MAIDEN NAME P	atri	a. (First)		b. (Midd) ;	le)	c. (Last)		13. COLOR OR White	
14. AGE (At time of th	ie birth)	15. BIRTHPLACE (8)	tate or foreign countr	у)	16. CHILDREN PREV	OUSLY BORN TO	THIS MOTHER (		
16	YEARS	Boise,	Idaho 🕯	ŀ	a. How many children are now living?	b. How many born alive but a	children were	c. How many	OTHER
17. INFORMANT	- 201 1	74012 m	3 Deres	4	0	O	te now dead:	children were (born dead afte pregnancy)?	r 20 weeks
18a. LENGTH OF PR		WEIGHT AT BIRTH	19 Wee a sto	ndord	serological test	for combiling		***	<del></del> ,
/ NAM WEEKS		LBS. OZS.	Approxim	ate dat	e.	tor sypnins p	eriormed?	1es	No
CAUSE OF STILI		20a. FETAL CAUSES	time of	<i>l</i>	- 1		+++		39, 5
causing fetal death	(do NOT	20b. MATERNAL CA	IISES	7	7	prem	my	•	
Prematurity, Asphyr	da, etc.)	Me.	0325 0	·	,	U	v		
	_	IS OF PREGNANCY A	ND LABOR		22. STATE ALL OPER	ATIONS FOR DEL	IVERY		
- Kou	٠ .			1	none.				
I hereby certify attended the birth child who was bo	of this	23a. ATTENDAN	T'S SIGNATU	IRE /	lace (Specify if M.)	D. midwife, or oth	ner)	23b. DATE SIGI	NED 954.
on the date state	d above	23c. ATTENDANT'S	ADDRESS 0		attended by	TURE OF AUTHO	RIZED OFFICIAL		TITLE
25a. BURIAL. CREM		DATE	, make	<del></del>	physician				
TION, REMOVAL (Spec	offy)	/8/5),		EMETERY H177	or crematory . Come tory	25d. LOCATION	• • • • • • • • • • • • • • • • • • • •	•	(State)
DATE REC'D BY LOC		STRAR'S SIGNATURE		****	26. FUNERAL DIRECT		e. Idah	DRESS	<del></del>
4-12-54	EG. 7	wille t	elmes!	/			AD	Boise,	Idaho
			(0.71.)	!	SUMMERS F	UNERAL :	HOME	. 4	
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PHS-797(VS)  RECEIVE DRevision of	Standard Certificate	e)	State File	No	52
FEDERAL SECURITY AGENCY MAY 6 - COSTIFICATE	OF STILLBIF	RTH	Local Reg.	No. 164	
ivision of Vital Statistics				No. 310	*******
1. PLACE OF STILLBIRTH	2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?)	<del></del>
a. COUNTY AOA	a. STATE		b. COUNTY	ADA	
b. CiTY (If outside corporate limits, write RURAL and give township)	c. CITY (If outside or	rporate limits, write	RURAL and give		
TOWN BOISE	TOWN	5015 =		10 H 22 22 p)	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION  ST. LUVE'S USERITA	d. STREET ADDRESS	(If rural, give loc	cation)	, th	2
3. CHILD'S NAME		1000 1	1 20	$\sim$ $\sim$ / $\kappa$	<u>EE</u> ),
((Type or Print) GABY BOY					
	WIN OR TRIPLET (This c	hild born) 6. DAT	E OF (Mont	h) (Day) (Y	(ear)
/, SINGLE TWIN TRIPLET 1ST		3RD STIL	LBIRTH THE	PRIL 17th	1954
7. FATHER'S a. (First) b. (Midd	le)	c. (Last)		8. COLOR OR RAC	E
THOMAS PA	WE RIC	HMON	· ^	$\mathcal{N}$	
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS OR INDU	JSTRY
3 T YEARS WASHINGTON	PRUCKER	STOP			
12. MOTHER'S a. (First) b. (Midd MAIDEN NAME	•	c. (Last)		13. COLOR OR RAC	CE
NAME  14. AGE (At time of this birth)  15. BIRTHPLACE (State or foreign country)	NA	SCH	ULTZ	<i>VV</i>	
1 - IAA MOORCECFT	16. CHILDREN PREVIO				
35 YEARS   WYO MING	a. How many children are now living?	b. How many of born alive but ar	children were e now dead?	c. How many OT: children were still (born dead after 20 v	lborn
tather). There are Par	ا جي	r	7	pregnancy)?	WOCKS
18a. LENGTH OF PREG-   18b. WEIGHT AT BIRTH   19 Was a standard		1,11	· •	<u> </u>	<del></del> ,
18a. LENGTH OF PREG-NANCY    18b. WEIGHT AT BIRTH   19 Was a standard   19 Was a stand	serological test i	or sypnins pe	erformed?	Yes.,X No	
CAUSE OF STILLBIRTH 20a. FETAL CAUSES				2	7.0
State only morbid conditions	ettu <i>pro</i> uv	A rick	Turio	<u></u>	(,,',
causing fetal death (do NOT 20b. MATERNAL CAUSES 20	7	- 1000	- mart		
In- ulgatur					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	TIONS FOR DELI	VERY		
	There.				
I hereby certify that I 23a. ATTENDANT'S SIGNATURE		., midwife, or othe	ur)	23b. DATE SIGNED	<del></del>
attended the birth of this child who was born dead	ukum 1	<i>Pp [[]</i>	Į.	(1.1821/21.)	1954
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT   24. SIGNAT	URE OF AUTHOR	IZED OFFICIAL	TITL	E
at 2172 P. m. Dollato Parse Flato	attended by physician				
25a, BURIAL CREMA 25b. DATE 25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (	City, town, or c	ounty) 0/ (Pt	ate)
4/17/54 9. della 6	104sp.	Br	W.	Alska	0
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FU ERAL DIRECTO	れんナ	- ADD	ORESS R	1/1
T.21.34 / Myrtle falmer	your C	n con	L,M.S.	12TVIL	Lidel
- I	´		-		•

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	e see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a		

PHS-797(VS) 4-48	MAYOUTE	evision of	Standard Certificate	e)	State File	No	<b>5.3</b>
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	NEY WAT 20 CENTIFI	CATE	OF STILLBIF	HT9		. No	
	Division of Vital Statistics	State of	Idaho		Reg. Dist.	No(	••••••
a. COUNTY Bear L			2. USUAL RESID	ENCE OF MO	DTHER (Where	Bear Lak	
OR	limite, write RURAL and give township) ontpelier		c. CITY (If outside or OR TOWN	erporate limits, write Paris		township)	<del></del>
c. FULL NAME OF (If not in HOSPITAL OR	hospital or institution, give street address of Lake Memorial	or location)	d. STREET ADDRESS	(If rural, give lo			<del>9 </del>
3. CHILD'S NAME [(Type or Print)	Baby girl Bol	Lton					
4. SEX Female Single	BIRTH		WIN OR TRIPLET (This o	hild born) 6. DA7	TE OF (Mont		(Year)
7. FATHER'S NAME	a. (First)  GORDON	b. (Midd WYLEF	•	c. (Last) BOLTON		8. COLOR OR	RACE
9. AGE (At time of this birth)  YEARS	10. BIRTHPLACE (State or foreign cou	intry)	11a. USUAL OCCUPAT JANTTOR	NOI	11b. KIND OF	BUSINESS OR I	NDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) ELATNE	b. (Midd		c. (Last) JENSEN	1	13. COLOR OR	RACE
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign cou	untry)	16. CHILDREN PREVIO				this child)
	<del></del>	standard	a. How many children are now living?  O serological test f	b. How many born alive but a	children were re now dead?	c. How many children were (born dead after pregnancy)?	OTHER stillborn 20 weeks
23 NANCY WEEKS	LBS. OZS. Approx	imate dat	e Mar	7-19	52/		- ,
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	Unknown 206. MATERNAL CAUSES	Known				3/	7/6
21. STATE ANY COMPLICATIO	NS OF PREGNANCY AND LABOR	, ,	22. STATE ALL OPERA	TIONS FOR DEL	IVERY		
I hereby certify that I attended the birth of this child who was born dead	23a ATTENDANT'S SIGNA	TURE	mo	., midwife, or oth	<u> </u>	23b. DATE SIGN	195
on the date stated above atm.	23c. ATTENDANT'S ADDREŠS Paris, Idaho		physician	TURE OF AUTHOR	RIZED OFFICIAL	<u>.</u>	TITLE /
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	— — //i	cemetery Cemet	or crematory ery	25d. LOCATION Pari	City, town, or s, Idah		(State)
DATE REC'S BY LOCAL REG	SISTEMATURE CLASSIC		26 PINERAL DIRECTO	Natther	Cana	DRESS XIDely	Sylo
· / / /				21.114	· · · · · · · · · · · · · · · · · · ·		



PHS-797(VS) 4-48 FEDERAL SECURI PUBLIC HEALTH SER	ITY AGEN	MAY	2019	ERTIFIC 54	vision of CATE State of	Standard Certificat OF STILLBIF Idaho	e) RTH		NoNo	54
a. COUNTY B	rillbik Bear L		of Vital S	tatistics		2. USUAL RESID	DENCE OF M	OTHER (Where	does mother live?	Rich
b. CITY (If outside OR TOWN		tpelie		e township)		c. CITY (If outside or OR TOWN	orporate limits, write Gar			
c. FULL NAME OF HOSPITAL OR INSTITUTION	Bear			al Hos		d. STREET ADDRESS	(If rural, give l	ocation)		
3. CHILD'S NAN ((Type or Print)				Ea	arlene	Hansen				
	5a. THIS E				5b. IF T	WIN OR TRIPLET (This	child born) 6. DA	TE OF (Mont	h) (Day)	_ (Yest)
Female	SINGLE		VIN X	TRIPLET	IST [	2ND 2ND	3RD ST	illbirth ` Ap	ril 29,	1954
7. FATHER'S NAME		a. (First)			b. (Midd	le)	c. (Last)		8. COLOR OR	
		Russ	ell		S•		Hans	sen	Whit	,e
9. AGE (At time of this	in birth)			e or foreign cour		11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS OR I	NDUSTRY
32	YEARS	Garde		y, Utal	n	Labo	rer	<u> </u>		
12. MOTHER'S MAIDEN		a. (First)			b. (Midd	•	c. (Last)		13. COLOR OR	
NAME		Lila			Janet		Sharp		Whi	
14. AGE (At time of this				e or foreign cou	ntry)	16. CHILDREN PREVI				<del></del>
32 17. INFORMANT		Montpe	elier,	Idaho		a. How many chil- dren are now living?	b. How many born alive but	children were are now dead?	c. How many children were	stillborn
Lila Hans					!	4	0		(born dead after pregnancy)?	r 20 weeks
18a. LENGTH OF PRE NAN WEEKS	EG-   18b. ICY	WEIGHT AT	OZS.	<sup>9</sup> Was a s Approxi	tandard mate dat	serological test i	for syphilis	performed?		No
CAUSE OF STILL State only morbid or causing fetal death (ouse such terms as S		20a. FETA		Kno	1 in	runt	relica	lon	J. 3	6,0
Prematurity, Asphyxi	ia, etc.)		RNAL CAUS		You	۷				
21. STATE ANY COMI	PLICATION	S OF PREG	YW	UL LABOR		22. STATE ALL OPER	ATIONS FOR DE	LIVERY MO	ue	
I hereby certify attended the birth child who was bor	of this	23a. ATT	TUN ANT	CON)	Mu	(Specify if M. I	O., midwife, or of	her)	23b, PATE SIGI	NED 1-1954
on the date stated	d above m.	BOY J	DANT'S AT	DORESS (	duly	If NOT attended by physician	TURE OF AUTHO	ORIZED OFFICIAL		TITLE
25a. BURIAL, CREM TION, REMOVAL (Speed	A- 26b	DATE	954	sc. MAME OF	CENETRALY	ORGREMATORY	250. LOCATION	(City, town, or	county)	2(State)
DATE REC'S BY LOCAL	PAL REGU	Stelars	CHATURE			July DIERAL DIE	atthew	L mo	Messy	Mak
			,			• ,	•			

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PHS-797(VS)  A-48  A-60  ACENIEV ACENIEV MAY 1 OFFICE OF STANDARD CONTROL OF STANDARD	State File	No	<u> </u>
FEDERAL SECURITY AGENCY MAY 1 0 CONTIFICATE OF STILLBIRTH  Division of Vital Statistics  State of Idaho	Local Reg. Reg. Dist.		610
I. PLACE OF STILLBIRTH	OTHER (W.	described to	
a. COUNTY Bonneville a. STATE Idaho	b. COUNTY J	efferso	n n
b. CITY (If outside corporate limits, write RURAL and give township)			
		Rigby.	Idaho
C. FULL NAME OF (If not in hospital or institution, give street address or location)  d. STREET  (If rural, give			
INSTITUTION Idaho Falls L.D.S. Hospital 6 mi. E. o	f Rigby,	. Idaho	
3. CHILD'S NAME ((Type or Print)			<del></del>
4. SEX   5a. THIS BIRTH   5b. IF TWIN OR TRIPLET (This shift beau)   6. D.	TE OF OR		
Female SINGLE X TWIN TRIPLET IST 2ND 3RD ST	ATE OF (Mont)	h) (Day) il 22,	(Year) 1954
7. FATHER'S a. (First) b. (Middle) c. (Last)		8. COLOR OR	RACE
<u>DeLoy</u> Delbert Miller		Whit	e
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION Assistant Manage	116. KIND OF Bever	BUSINESS OR I	
12. MOTHER'S a. (First) b. (Middle) c. (Last)	<del>'                                    </del>	13. COLOR OR	RACE
NAME Afton Gardne	r	White	
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO		Do NOT include	this child)
33 YEARS Lyman, Idaho.  a. How many chil-b. How many dren are now living? born alive but	children were are now dead?	c. How many	OTHER
17. INFORMANT  1 De Los Milly  1		children were (born dead after pregnancy)?	r 20 weeks
18a. LENGTH OF PRISE-NANCY WEEKS 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis Approximate date	performed?	Yes. I	No
CAUSE OF STILLBIRTH   20a. FETAL CAUSES Not known.	·		<del>20</del> -
State only morbid conditions !		_	100
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES (Rh neg notter) - Rh +	7athr	- But	Loctua
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   22. STATE ALL OPERATIONS FOR DE	LIVERY	ot Jan	area.
The state of the s	<del></del>		
I hereby certify that I 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or of attended the birth of this child who was born dead	her)	23b. DATE SIGI	NED
on the date stated above 23c. ATTENDANT'S ADDRESS / ITNOT 24. SIGNATURE OF AUTHORS of physician physician	ORIZED OFFICIAL	•	TITLE
58. BURIAL CREMA- 25h DATE 256 NAME OF CEMETERY OF CREMATORY 1.254 LOCATION	(City, town, or o	ounty)	(State)
IUN, KEMOVAL (Specify) I I	s. Jeffer	• .	laho.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNE AL DIRECTOR		RESS	
May 5-195 y linea Ruges Spice House	med Ki	gby, Id	laho.
	7		<del></del>
outrong did not neight any trust for	suller	14.9	do
Form DPH-48020			~~~

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PHS-797(VS) 4-48			(1949 Revision of	Standard Certificat	e)	State File	No	56
FEDERAL SECUR PUBLIC HEALTH SE	ITY AGE	VCYG	ERTIFICATE	OF STILLBI	RTH	Local Reg	. No	15
	.,, • 10.2	REC	State of	Idaho		Reg. Dist.	الصد No	40
1. PLACE OF S	TILLBIR	тн МАУ	<del>1 1954</del>	2. USUAL RESID	DENCE OF MC	THED WILL		
a. COUNTY	T7	nklirDivision of	Vital Statistics	a. STATE		b. COUNTY		
b. CITY (If outside	e corporate li	nite, write RURAL and give	township)	c. CITY (If outside o		D77D17 1 1	<u>Frankl</u>	<u>in</u>
OR TOWN	_		, vo 2021 <b>p</b> )	OR TOWN	orporate limits, write	RURAL and give	township)	
<del></del>	Prest	OII hospital or institution, give s		d. STREET	iverdale			
HOSPITAL OR INSTITUTION				ADDRESS	(If rural, give lo	····•		
3. CHILD'S NAI		ral Memorial	. 110Spitai	<u> </u>	<u>iverdale,</u>	Idano.	<del></del>	
(Type or Print		7 1 Day 5 007 3	TIVE OT TO					
4. SEX	5a. THIS I	BABY BOY N						
			,5b. IF T	WIN OR TRIPLET (This	child born) 6. DAT	TE OF (Mont LLBIRTH	th) (Day	) (Year)
<u>Male</u>	SINGLE		TRIPLET 1ST		3RD	Apr		<u> 1954 </u>
7. FATHER'S NAME		a. (First)	b. (Midd	ile)	c. (Last)		8. COLOR	OR RACE
		REO			NEWBOLD		Whit	e
9. AGE (At time of th	ia birth)	10. BIRTHPLACE (State	or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS (	OR INDUSTRY
<u> </u>	YEARS		Idaho.	Farmer		Own I	arm	
12. MOTHER'S MAIDEN		a. (First)	b. (Midd	lle)	c. (Last)		13. COLOR	OR RACE
NAME	Bla	nch	Sharp		Newbold		Whi	_te
14. AGE (At time of the	is birth)	15. BIRTHPLACE (State	or foreign country)	16. CHILDREN PREVI	OUSLY BORN TO	THIS MOTHER (	Do NOT inc	lude this child)
<u>31</u>	YEARS	Preston, I	daho.	a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How me	any OTHER
17. INFORMANT	0	018	. 0 1	,			(born dead pregnancy)	after 20 weeks
(1202/2	who	old live	udale. a	<b>1</b> 4	l o		programoj,	4
18a. LENGTH OF PRI	EG- 18b.	WEIGHT AT BIRTH 19	Was a standard	serological test i	or syphilis p	erformed?	Yes L	No
5 A WEEKS	···   4	LBS. OZS.	Approximate da	je.			4	
CAUSE OF STILL	BIRTH/	20a. FETAL CAUSES	Mr IA	> 10-	7 -	91	/	20 0
State only morbid country fetal death	onditions		1 alta	10 Nia	Nors	Melar		
causing fetal death (use such terms as a Prematurity, Asphyx	stillbirth,	20b. MATERNAL CAUS	ES KL	1 M		A-1	1.	
	, 000.7		//L T·		4-00	anuco	Nic	1
21. STATE ANY COM	PLICATION	S OF PREGNANCY AND	LABOR	22. STATE ALL OPER	ATIONS FOR DEL	IVERY		
			,	b				
I hereby certify	that I	23a. ATTENDANT	S SIGNATURE	(Specify if M.)	., midwife, or oth	er)	23b., DATE	SIGNED
attended the birth child who was bor		//·/K·	() A	es a	M LL		4-1	2-5
on the date state		23c. ATTENDANT'S AD	DRESS	If NOT   24. SIGNA	TURE OF AUTHOR	RIZED OFFICIAL	<del>- / ( - · ·</del>	TITLE
at	m.			attended by physician				
25a. BURIAL, CREM TION, REMOVAL (Spec	A- 25b.	DATE 25	c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION	(City, town, or	ounty)	(State)
Rurial	An	ril 11.1954	Whitner	y l	Whi	tney, I	daho.	
DATE REC'D BY LOC	AL REGI	STRAR'S SIGNATURE		26. FUNERAL DIRECT			DRESS	
4-12-195	يع ا EG.	in an F	)	Richards	& Son	/Prest	on, Ida	a.
<del>y =</del>				Llerun	V V suc	Laids		
					7.7			

PHS-797(VS) 4-48		DECE	CERTIFICATE	Standard Certificat	e) State Fi	
4-48 FEDERAL SECURI PUBLIC HEALTH SE	ITY AGEN RVICE	CY K L O 7	CERTIFICATE	OF STILLBIR		g. No. 4.7.7
		L YAM	$3^{1954}$ State o	f Idaho	Reg. Dis	t. No
a. COUNTY)	rd 1	TH Division of	Vital Statistics	2. USUAL RESID	DENCE OF MOTHER (Wh	ere does mother (ive?)
TOWN 3	redin	mits, write RURAL and		c. CITY (If outside OR TOWN	orporate limits, write RURAL and s	ive township)
INSTITUTION	tood,	nospital or institution, give	re street address or (scation)	d. STREET ADDRESS	(If rural, give location)	and It
3. CHILD'S NAI		\ 				
4. SEX	5a. THIS I			TWIN OR TRIPLET (This	STILLBIRTH	onth) (Day) (Year)
7. FATHER'S	SINGLE	a. (First)	TRIPLET   1ST   b. (Mid	2ND dle)	c. (Last)	8. COLOR OR RACE
NAME		Fred	- J.	H	ansen	meli.
9. AGE (At time of th	is birth)	10. BIRTHPLACE (St	ate or foreign country)	11a. USUAL OCCUPAT		OF BUSINESS OR INDUSTRY
<u> </u>	YEARS	Vocatella	340	1 Lubre	<u>ــــا ـــــا</u>	
12. MOTHER'S MAIDEN NAME		a. (First)	b. (Mid	dle)	c. (Last)	13. COLOR OR RACE
14. AGE (At time of the	is birth)	15. BIRTHPLACE (8)	ate or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO THIS MOTHER	R (Do NOT include this child)
17. INFORMANT	YEARS	Donden	g dd	a. How many children are now living?	b. How many children wer born alive but are now dead?	e c. How many OTHER children were stillborn (born dead after 20 weeks
Mrs In	ed	Hansen	nother			pregnancy)?
18a/LENGTH OF PR NAN WEEKS	EG- 18b.	LBS. OZS.	<sup>19</sup> Was a standard Approximate de	l serological test i ate	for syphilis performed	Yes No
CAUSE OF STILI	onditions	20a. FETAL CAUSES	Non tour	7.		36.2
causing fetal death use such terms as a Prematurity, Asphyr	(do NOT Stillbirth, da, etc.)	20b. MATERNAL CA	سندا	- \ \ + . 1	Sein AT	102.
21. STATE ANY COM	DI ICATION	IS OF PREGNANCY A	ND PAROR	22 STATE ALL OPER	ATIONS FOR DELIVERY	102 1
Mon.		or medianti		NAC	ATIONS FOR DELIVERY	
I hereby certify attended the birth	of this	23ª ATTENDAN	IT'S SIGNATURE	(Specify if M, 1	D., midwife, or other)	23b. DATE SIGNED
child who was bo on the date state at	d above	23c. ATTENDANT'S	ADDRESS	If NOT 24. SIGNA attended by physician	TURE OF AUTHORIZED OFFIC	IAL TITLE
25a. BURIAL, CREN TION, REMOVAL (Spec		DATE	25c. NAME OF CEMETER	<del></del>	25d. LOCATION (City, town,	or county) (State)
DATE REC'D BY LOCAL	CAL REG	STRAR'S SIGNATURE	E	26. FUNERAL DIRECT	OR	ADDRESS
7 28 29	0	- JAPTHAN	<u> </u>			

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PHS-797(VS) 4-48 FEDERAL SECUR	ITY AGE	ECE!	V (19)	Revision of	Standard Certificat	te) RTH	State File Local Reg	. No	سحرر
POBLIC HEALTH SE	<b>.</b>	Vision of Vit		State of	Idaho		Reg. Dist.	No2.5	<u>Lo</u>
1. PLACE OF S a. COUNTY		TH			2. USUAL RESIDA		D. COUNTY	does mother liv	ref)
	angevi	ILLE			c. CITY (If outside c OR TOWN	orporate limits, wri		township)	
c. FULL NAME O HOSPITAL OR INSTITUTION	Ger	hospital or institution	n, give street addres	s or location)	d. STREET ADDRESS	(If rural, give	location)		
3. CHILD'S NA ((Type or Print		Bab	<b>y</b>		Ch <b>ic</b> s	ine			
4. SEX fema <b>le</b>	5a. THIS I		TRIPLET	5b. IF T	WIN OR TRIPLET (This	child born) 6. D	ATE OF (Mont	(Day) <b>2</b>	(Year) 1954
7. FATHER'S NAME	Fre	a. (First) anc <b>i s</b>	D•	b. (Midd	·	c. (Last)		8. COLOR O	
9. AGE (At time of the	nis birth) YEARS	10. BIRTHPLAC San Jose	E (State or foreign o	country)	11a. USUAL OCCUPA farmer	TION	116. KIND OF divers	BUSINESS OF	R INDUSTRY
12. MOTHER'S MAIDEN NAME	Mi	a. (First)	Ju	b. (Midd	Smirth	rwaite		13. COLOR (	OR RACE
14. AGE (At time of the 19	nie birth) YEARS	15. BIRTHPLAC Whitebi	E (State or foreign or rd 1da)		a. How many children are now living?		children were	Do NOT inclu c. How man children we	y OTHER
17. INFORMANT	ir	D. C	hico	4-0	O O	O O	are now dead:	(born dead a pregnancy)?	M 00
18a. LENGTH OF PR NAT WEEKS	NCY	WEIGHT AT BIR	was a	standard ximate da	serological test	for syphilis	performed?	Yes	. No
CAUSE OF STILL	conditions	20a. FETAL CAL	JSES			7			36. 5
causing fetal death use such terms as Prematurity, Asphyr	Stillbirth, tia, etc.)	20b. MATERNAL	L CAUSES	mate	m 2 pla	enta			
21. STATE ANY COM	IPLICATION	is of pregnand	Lypant	The second	22. STATE ALL OPER	ATIONS FOR DE	LIVERY		
I hereby certify attended the birth child who was bo	of this	Dono	DANT'S SIGN	ature, eltiv	(Specify if M.)		ther)	236. DATE S	IGNED V54
on the date state	<u>-</u> . m.	23c. ATTENDAN	lle Id	cho	attended by physician		ORIZED OFFICIAL		TITLE
25a. BURIAL, CREM TION, REMOVAL 18po	dfy) A		54 Prairi	OF CEMETERY .e view	OR CREMATORY	25d. LOCATION Grang	eville, T	Mano.	(State)
DATE REC'D BY LOOR	CAL REGI	ISTRAR'S SIGNA	rure Co	ne	26. FUNERAL DIRECT	ored o		oress ang <b>ev</b> il	lr,
<i>'</i>	,								

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PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE	ITY AGEI	DIENTOR	CERTIFICATE State	f Standard Certificat  OF STILLBIF of Idaho	,		No. 59 No. 640	
1. PLACE OF S a. COUNTY	TILLBIR Jeffe	erson	give township)	a. STATE Id	ence of Mo aho	THER (When	Jefferson	=
TOWN Ru	ral	rig	оу	c. CITY (If outside or		RURAL and give		_
INSTITUTION	1 N	hospital or institution, gi	re street address or location) f Rigby	d. STREET ADDRESS	(If rural, give lo	cation)		
3. CHILD'S NA		BABY	GARNER					=
4 SEX Male	5a. THIS I	TWIN .	TRIPLET 1ST		3RD STII	LBIRTH .	ril 9, 195	<u>,</u>
7. FATHER'S NAME		a. (First) LeRoy	Glen		c. (Last) Garner		8 COLOR OR RACE White	_
9. AGE (At time of the 25	YEARS	10. BIRTHPLACE (8 Garfie	Ld, Idaho	Farmer	TION	иь. ким он Farm	BUSINESS OR INDUSTR	RŸ
12. MOTHER'S MAIDEN NAME		a. (First) orothy	Joy	E	c. (Last) 11is		13. COLOR OR RACE White	=
14. AGE (At time of the 25	YEARS	Montev:	iew, Idaho	a. How many children are now living?			Do NOT include this chil c. How many OTHE children were stillbor (born dead after 20 week pregnancy)?	R
18a. LENGTH OF PRINAL	NCY	WEIGHT AT BIRTH LBS. OZS.	19 Was a standard Approximate de	l serological test f ate	or syphilis p	erformed?	Yes No	=]
CAUSE OF STILI State only morbid causing fetal death use such terms as Prematurity, Asphyr	onditions (do NOT Stillbirth,	20a. FETAL CAUSES 20b. MATERNAL CA	ne.	Eneur	nonia		31.	- = = = = = = = = = = = = = = = = = = =
21. STATE ANY COM	PLICATION	S OF PREGNANCY A	LABOR	22. STATE ALL OPERA		VERY		_
I hereby certificationed the birth child who was bo on the date state	of this rn dead	23c. ATTENDANT'S	ADDRESS	M If NOT 24. SIGNAT	D., midwife, or oth  D.  TURE OF AUTHOR		236. DATE SIGNED Apr. 9, 195 L TITLE	<u>_</u>
at 12:30A 25a. BURIAL CREM TION REMOVAL (850 Cremation DATE REC'D BY LOC	<u>n 14</u>	Rigby, Ic DATE /9/54 STRAR'S SIGNATURE MARCHARY	laho 25c. NAME OF CEMETER ECKERSEL	physician   RY OR CREMATORY	<del></del>	by, Id	eounty) (State) aho DRESS by Idaho	=
		7		7			<b>V</b>	-

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PHS-797(VS) RECEIVE	Revision of	Standard Certificat	e)	State File	No	.6.0
FEDERAL SECURITY AGENCY ADR 2.4 195R	TIFICATE (	OF STILLBIF	RTH	Local Reg.		
Division of Vital Stati	stigs State of	Idaho		Reg. Dist. 1	No	<i>D</i>
I. PLACE OF STILLBIRTH a. COUNTY		2. USUAL RESID	ENCE OF MC	THER (Where	does mother live!	1)
Mundoka			laho		unia	loka
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN	ship)	C. CITY (If outside or OR TOWN	reporate limite, write	RURAL and give	township)	
HOSPITAL OR	ddress or location)	d. STREET ADDRESS	(If rural, give lo	cation)		
3. CHILD'S NAME	I Houge	Zel. 10	6 - D.	St.		
(Type or Print) Charles H	Pili	to Ba	Lu.			
4, SEX 5a. THIS BIRTH	~ — l —	WIN OR TRIPLET (This	hildborn) 6. DAT	E OF (Mont)	h) (Day)	(Year)
7. FATHER'S a. (First)			3RD	apr.	_ 2	1954
NAME OF THE PARTY	b. (Middl	- <i>(</i>	c. (Last)	ر <b>'</b> ا	8. COLOR OR	RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or for	eign country)	11a. USUAL OCCUAT	TON	11b. KIND OF	BUSINESS OR	INDUSTRY
18 YEARS Independent	eg Idaho.	Labore	اا			
12. MOTHER'S MAIDEN NAME	b. (Midd	le)	c. (Last)		13. COLOR OF	RACE
14. AGE (At time of this birth)   15. BIRTHPLACE (State or for	eign country)	16. CHILDREN PREVIO	DUSLY ORN TO T	THIS MOTHER (I	Do NOT includ	e this child)
16 YEARS St. George	Utah	a. How many children are now living?	b. How many born alive but an	children were	c. How many children were	OTHER
17. INFORMANT		none	non	e	(born dead after pregnancy)?	er 20 weeks
18a. LENGTH OF PREG-   18b. WEIGHT AT WITH   19 Wa	s o stondard	serological test f	on cumbilia n	orformed 2	7/0/	
7. MANCY LBS. OZS. Ap	proximate dat	e e	or sypnins p	eriorineu :	1 es	No
CAUSE OF STILLBIRTH   20a. FETAL CAUSES	1.0				3	9,6
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	au	e mat	Bur	w		
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)						
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LAB	OR	22. STATE ALL OPERA	ATIONS FOR DELI	VERY		
Y I I I I I I I I I I I I I I I I I I I			<del></del>	<del></del> ,		
I hereby certify that I 23a. ATTENDANT'S SI attended the birth of this	SNATURE	(Specify if M. I	)., midwife, or oth	er)	23b. DATE SIG	NED 4
child who was born dead on the date stated above 23c. AHENDANT'S ADDRESS		If NOT 24. SIGNAT	TURE OF AUTHOR	RIZED OFFICIAL	<del></del>	TITLE
at m. Olypeut o		physician				
25c. NATION DEMOVAL (Specify)	ME OF CEMETERY	OR CREMATORY	25d. LOCATION	(City, town, or o	ounty)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ujsero	26. FUNERAL DIRECT	OR O	ADE	RESS	na
4-12-54 EG. Stolen	10 1	Rodine	Show		(A)	2
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CERTIFICATE OF STILLBIRTH   Local Reg. No
State of Idcho   Reg. Dist. No
1. PLACE OF STILLBIRTH a. COUNTY Note Perce b. CITY (If outside corporate limits, write RUBLING Statistics) COUNTY Note Perce c. CITY (If outside corporate limits, write RUBLING Statistics) COUNTY Note Perce c. CITY (If outside corporate limits, write RUBLING Statistics) COUNTY Asotin c. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside borsons) A DECENTION A SOTIN A S
C. HULL NAME OF (II not in hospital or institution, give street address or location) HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL HOSPI
C. HULL NAME OF (II not in hospital or institution, give street address or location) HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL HOSPI
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Rospital  3. CHILD'S NAME ((Type or Print)  (Baby Bay) Parrish  4. SEX  5a. THIS BIRTH  5b. IF TWIN OR TRIPLET (This child born) STILLBIRTH  7. FATHER'S  8. COLOR OR RACE  Francis  9. AGE (At time of this birth)  10. BIRTHPLACE (State or foreign country)  11a. USUAL OCCUPATION  11b. KIND OF BUSINESS OR INDUSTRY  12. MOTHER'S  NAME  Mary  14. AGE (At time of this birth)  15. BIRTHPLACE (State or foreign country)  16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  40. YEARS  Meeker, Oklahoma  17. INFORMANT  Francis Parrish  18b. Weight At BIRTH  40 YEARS  19 Was a standard serological test for syphilis performed?  19 Was a standard serological test for syphilis performed?  Approximate date  OAUSE OF STILLBIRTH  20a. FETAL CAUSES  10 STREET ADDRESS  (If rural, give location)  (Month)  (Day)  (Year)  5TILLBIRTH  April 7, 1054  8. COLOR OR RACE  Parrish  White  10. BIRTHPLACE (State or foreign country)  11a. USUAL OCCUPATION  11b. KIND OF BUSINESS OR INDUSTRY  11c. CLILBIRTH  White  11b. White  11c. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  12c. CLEAST)  13c. COLOR OR RACE  White  14d. AGE (At time of this birth)  15d. Weight Aproximate date  15d. Weight Aproximate date  17d. AGE (At time of this birth)  18d. Weight Aproximate date  17d. AGE (At time of this birth)  18d. Weight Aproximate date  17d. AGE (At time of this birth)  18d. Weight Aproximate date  17d. AGE (At time of this birth)  17d. AGE (At time of this birth)  17d. AGE (At time of this birth
(SEX Sa. THIS BIRTH Sb. IF TWIN OR TRIPLET (This child born) STILLBIRTH April 7, 1054  7. FATHER'S a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE  Francis Parrish White  9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY  12. MOTHER'S NAME Mary 13. COLOR OR RACE  MAIDEN NAME Mary 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) A. How many children were children were stillborn (born alive but are now dead?  17. INFORMANT Fra:icis Parrish 19. Was a standard serological test for syphilis performed? Yes No. Molecular String Previously String Previously String Previously Previo
4. SEX   5a. THIS BIRTH   5b. IF TWIN OR TRIPLET (This child born)   6. DATE OF (Month) (Day) (Year)
Male   SINGLE   TWIN   TRIPLET   1ST   2ND   3RD     C. (Last)   R. COLOR OR RACE
Male SINGLE & TWIN TRIPLET 1ST 2ND 3RD April 7, 10.54  7. FATHER'S A. (First) b. (Middle) c. (Last) 8. COLOR OR RACE  Francis  9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY  3 YEARS Corning Arkansas Millworker Lumber  12. MOTHER'S A. (First) b. (Middle) c. (Last) 13. COLOR OR RACE  MAIDEN NAME Mary 14a1 White  14. AGE (At time of this birth) 40 YEARS Meeker, Oklahoma 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children were children were children were stillborn (born dead after 20 weeks pregnancy)?  17. INFORMANT Fra: icis Parrish 19 Was a standard serological test for syphilis performed? Yes No
Francis  9. AGE (At time of this birth)  10. BIRTHPLACE (State or foreign country)  39 YEARS  Corning, Arkansas  Millworker  Limber  12. MOTHER'S MAIDEN NAME  14. AGE (At time of this birth)  40 YEARS  Meeker, Oklahoma  15. BIRTHPLACE (State or foreign country)  Meeker, Oklahoma  16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  a. How many children were children were children were children are now living?  The incis Parrish  18a. LENGTH OF PREG-NANCY NANCY WEEKS  CAUSE OF STILLBIRTH  19. Was a standard serological test for syphilis performed? Yes.  NO
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY  12. MOTHER'S MAIDEN NAME 12. MOTHER'S MAIDEN NAME 14. AGE (At time of this birth) 40 YEARS 15. BIRTHPLACE (State or foreign country) 40 YEARS 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children were children are now living?  17. INFORMANT Francis Parrish 18a. LENGTH OF PREG-NANCY WEEKS 18b. WEIGHT AT BIRTH LBS. OZS. Approximate date  19 Was a standard serological test for syphilis performed? Yes
9. AGE (At time of this birth) 3   YEARS CORNING, Arkansas 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY  12. MOTHER'S MAIDEN NAME  14. AGE (At time of this birth) 40 YEARS Meeker, Oklahoma 15. BIRTHPLACE (State or foreign country) 40 YEARS Meeker, Oklahoma 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children were children were stillborn (born alive but are now dead?  17. INFORMANT Francicis Parrish 18a. LENGTH OF PREGNANCY WEEKS  CAUSE OF STILLBIRTH  19. Was a standard serological test for syphilis performed?  Approximate date  CAUSE OF STILLBIRTH  19. Was a standard serological test for syphilis performed?  Yes
12. MOTHER'S NAME  Mary  14. AGE (At time of this birth) 40 YEARS  Meeker, Oklahoma  17. INFORMANT Francicis Parrish  18a. LENGTH OF PREGNANCY WEEKS  CAUSE OF STILLBIRTH  19. Was a standard serological test for syphilis performed?  Approximate date  CAUSE OF STILLBIRTH  19. (First)  D. (Middle)  C. (Last)  19. (CLast)  10. (Clast)  19. (Clas
MAIDEN NAME  Mary  14. AGE (At time of this birth) 40 YEARS Meeker, Oklahoma  17. INFORMANT Francicis Parrish  18a. LENGTH OF PREGNANCY WEEKS  LBS. OZS. Approximate date  19. Was a standard serological test for syphilis performed?  CAUSE OF STILLBIRTH  15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 18. How many children were children were stillborn (born alive but are now dead?  CHOW many Children were stillborn (born alive but are now dead?  (born alive but are now dead?  (born alive but are now dead?  (born dead after 20 weeks pregnancy)?  CAUSE OF STILLBIRTH  20a. FETAL CAUSES
14. AGE (At time of this birth) 40 YEARS Meeker, Oklahoma 15. INFORMANT Francis Parrish  18a. LENGTH OF PREGNANCY WEEKS  18b. WEIGHT AT BIRTH LBS. OZS. Approximate date  19 Was a standard serological test for syphilis performed?  19 Was a standard serological test for syphilis performed?  19 Westers Approximate date  10 NOT include this child)  10 How many children were children were stillborn (born dead after 20 weeks pregnancy)?  10 How many children were children were stillborn (born dead after 20 weeks pregnancy)?  10 CAUSE OF STILLBIRTH  10 ONOT include this child)  11 How many children were children were stillborn (born dead after 20 weeks pregnancy)?  12 ONOT include this child)  13 How many children were children were stillborn (born dead after 20 weeks pregnancy)?  14 AGE (At time of this birth)  15 How many children were children were children were stillborn (born dead after 20 weeks pregnancy)?  16 CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  2
40 YEARS Meeker, Oklahoma  a. How many children were children were stillborn (born dead after 20 weeks pregnancy)?  Francis Parrish  18a. LENGTH OF PREGNANCY WEEKS  LBS. OZS. Approximate date  CAUSE OF STILLBIRTH  2. How many children were children were stillborn (born dead after 20 weeks pregnancy)?  Ves
To   YEARS   Meterer, Ortanomial
Francis Parrish  18a. LENGTH OF PREGNANCY NANCY WEEKS  18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes
18a. LENGTH OF PREGNANCY NANCY WEEKS LBS. OZS. Approximate date  OAUSE OF STILLBIRTH 20a. FETAL CAUSES  OAUSE OF STILLBIRTH 20a. FETAL CAUSES
NANCY WEEKS LBS. OZS. Approximate date  OAUSE OF STILLBIRTH  OAUSES  OAUSE OF STILLBIRTH  OAUSES  OAUSE  OA
CAUSE OF STILLBIRTH
State only morbid conditions
causing fetal death (do NOT use such terms as Stillibirth, Prematurity, Asphysia, etc.)
The segration of when a
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY
see abover beech extraction
I hereby certify that I 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)  23b. DATE SIGNED  44 - 54
child who was born dead
on the date above 234. TENDANT'S ADDRESS If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
at
TION, REMOVAL (Specify)
Removal 4/9/1954 Vineland Clarkston Asotin Washington  Date rec'd by Local   registrar's signature / 25 Tuteph Drector Address
4-9-54 Clarkston, Washington

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PUBLIC HEALTH SER			· · ·	tate of	OF STILL	DIK I H	Reg. D	Reg. No.	60
1. PLACE OF ST		vision of Vital	Statistics -						
a. COUNTY	ILLDIK	Twin Fa	lls		a. STATE	Idaho	OF MOTHER (5 b. COUNT	•v .	Fall:
b. CITY (If outside OR TOWN	corporate liu	Twin Fa		n.	c. CITY (If out OR TOWN	Filer	limits, write RURAL and	give township)	
INSTITUTION	agic	cepital or institution, given		ocation)	d. STREET ADDRESS	Route	ural, give location)		
3. CHILD'S NAN ((Type or Print)	1E	·							
4. SEX Female	Sa. THIS B		TRIPLET	5b. IF T	WIN OR TRIPLET	(This child bor	6. DATE OF (1) STILLBIRTH F	Month) (Day ebruary	19 (Ye
7. FATHER'S NAME		a. (First) Jo <b>jan</b>		b. (Midd	D	-	(Last) East	8. COLOR	or race ite
9. AGE (At the of this 24	birth) YEARS	10. BIRTHPLACE (St. Idaho	ate or foreign count	ry)	11a. USUAL OCC Laborer	CUPATION	11b. KIND	OF BUSINESS	OR INDUS
12. MOTHER'S MAIDEN NAME		a. (First)	i <b>r</b> ginia	b. (Midd	le)		. (Last) E <b>hrhar</b> d	13. COLOR	or race hite
14. AGE (At time of this	birth)	15. BIRTHPLACE (8t		ry)	16. CHILDREN P	REVIOUSLY	BORN TO THIS MOTH	ER (Do NOT inc	lude this cl
23 17. INFORMANT	YEARS	W	yoming	· · · · · · · · · · · · · · · · · · ·	a. How many dren are now liv		ow many children w alive but are now dead	c. How m children v (born dead pregnancy)	vere stillb after 20 we
18a. LENGTH OF PRE NANC 24 WEEKS		WEIGHT AT BIRTH	<sup>19</sup> Was a sta Approxin	andard nate da	serological te	est for sy	philis performed	i? Yes	No
CAUSE OF STILL! State only morbid cocausing fetal death (cuse such terms as Si Prematurity, Asphyxia		20a. FETAL CAUSES  20b. MATERNAL CA	uses_	in	-	5	outh.	-	39
21. STATE ANY COMP	!	S OF PREGNANCY A	ND LABOR	a	22. STATE ALL (	PERATIONS	FOR DELIVERY		
I hereby certify attended the birth child who was bor	of this	23a. ATTENDAN	T'S SIGNATI	ure	(Specify if	M. D. mid	wife or other)	23b. DATE	SIGNED
on the date stated	above m.	23c. ATTENDANT'S	ADDRESS		If NOT attended by physician	IGNATURE (	F AUTHORIZED OFF	ICIAL	TITLE
25a. BURIAL, CREM	A- 25b. I	DATE	25c. NAME OF (	EMETERY	OR CREMATORY	/ 25d. L	OCATION (City, town	a, or county)	(Stat
TION, REMOVAL (Special									

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<u> </u>			

PHS-797(VS) 4-48	R	ECEI	VE	949 R	evision of	Standard Cert	ificate	e)	State File	No	
FEDERAL SECUR PUBLIC HEALTH SE	ITY AGE	MAN O	INE &	ERTIF	CATE	OF STILL	BIF	RTH	Local Reg	. No. 2/	ζ
	35				State of	i Idaho			Reg. Dist.	No. 370	*************
1. PLACE OF S	TILLBIR	HPP of Vit	al Stat	istics		2 USUAL R	ESID	ENCE OF MC	THED When	des sestes l'es	•
a. COUNTY A C	la					a. STATE	_		b. COUNTY	a goes morner live	7)
b. CITY (If outside	corporate li	mits, write RUR	AL and gi	ive township)		c. CITY (If or		orporate limits, write	RURAL and give	township)	
TOWN Boi	se,					I TOK		se.		,,	
c. FULL NAME OF HOSPITAL OR		hospital or instit	ution, give	street address	or location)	d. STREET	1701	(If rural, give lo	cation)		
INSTITUTION	St A	lphons	us I	Hospit	al.	ADDRESS	R.D	)  # J.			
3. CHILD'S NAI							***	<u> </u>			
(Type or Print		OHNIE	LEE	MILST	EAD.						
4. SEX	5a. THIS					WIN OR TRIPLET	(This c	shild born) 6. DAT	E OF (Mon	th) (Day)	(Year)
Male.	SINGLE	X TWIN		TRIPLET	]   1ST [	2ND		3RD May	LEBIRTH	1954	• • • • • • • • • • • • • • • • • • • •
7. FATHER'S NAME		a. (First)	-		b. (Mide	lle)		c. (Last)		8. COLOR OR	RACE
		Jimm			Ell	is Mi	lst	cead.		White.	,
9. AGE (At time of the	is birth)	10. BIRTHPL		te or foreign co		11a. USUAL OC	CUPAT	ПОИ	11b. KIND OF	BUSINESS OR	INDUSTRY
19	YEARS	Oakwo	od,	<u>Oklah</u>		Truck	Dri	lver			
12. MOTHER'S MAIDEN		a. (First)			b. (Mide	lle)		c. (Last)		13. COLOR O	RACE
NAME		Patr			<u>Loui</u>			Welsh		White	
14. AGE (At time of thi				te or foreign co				OUSLY BORN TO			
<u> 16</u>	YEARS	Belle	Four	rcne/	S.D.	a. How many dren are now li	chil- ving?	b. How many born alive but a	children were re now dead?	c. How many children were	stillhorn
17. INFORMANT	·		Λ μ	Α.						(born dead aft pregnancy)?	er 20 weeks
Image Ellie)	nesta	O VI L	7. 7	Boner	leler	None		None.		None	
18a. LENGTH OF PRI		WEIGHT AT B	1	19.Was a	standard imate da	serological t	est f	or syphilis p	erformed?	Yes.	No
WEEKS		LBS. 20a. FETAL (	OZS.	Approx	miate ua	<u> </u>					
CAUSE OF STILL State only morbid c	onditions	Lou. I LIAL	A03.3	House	rusk					بمن	516
causing fetal death (	do NOT	20b, MATERI	VAL CAU	SES .4/		. 0					
Prematurity, Asphyx	ia, etc.)			Mar	igual	placen	ta	with	remalu	e separ	alion
21. STATE ANY COM	PLICATION	S OF PREGNA	NCY AN	ID LABOR	<del>(                                    </del>	22. STATE ALL	OPERA	ATIONS FOR DEL	VERY		
I hereby certify		23a. ATTE	NDANT	SIGNA	TURE	(Specify i	ı M. D	)., midwife, or oth	er)	23b. DATE SIG	NED ,
attended the birth child who was bor			$\supset$	V. W.	1 200	Isol		$M \times \cdot$		6-3-	J~4
on the date state		23c. ATTEND	ANT'S AI	DDRESS		If NOT 24. S	SIGNAT	TURE OF AUTHOR	RIZED OFFICIAL		TITLE
at	m.	····	13a	we		physician	ě				
25a. BURIAL, CREM TION, REMOVAL (Spec	A- 25b.	DATE				OR CREMATOR		25d. LOCATION			(State)
Burial	15/	7/54_		Morris	Hill Hill	. Cemete	ry	Bois	e, Ida	ho	
DATE REC'D BY LOC	AL REGI	STRAR'S SIGN	NATURE	$Q_{\mathbf{a}}$	_	26 UMERAL D	IRPETO	09/		DRESS	
6-754		lyth	27	alme	<u>w</u>	SUMMERS	9	MERAL	OME BO	ise, I	daho
		V				7	- `		<del></del>		

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PHS-797(VS) 4-48 FEDERAL SECUF PUBLIC HEALTH SI	EŖVICE		VED (1949 Revi (1848 TIFIC		0. 0	ficate) BIRTH	Local Re	e No. g. No. 2.05	£
		Division of Vi	tal Statistics S	tate of	Idaho		Reg. Dist	. No. 370	************
1. PLACE OF S a. COUNTY	TILLBI Ada	RTH			2. USUAL RE a. STATE	si <b>denc</b> e d Idaho	OF MOTHER (Who	re dose mother live?	)
UK	Bois	limits, write RURAL s	nd give township)		c. CITY (If outs	Boise	nits, write RURAL and give	re township)	
c. FULL NAME C HOSPITAL OR INSTITUTION		• Lukes	give street address or I	ocation)	d. STREET ADDRESS		al. give location) MountainVi	lew Driv	
3. CHILD'S NA	ME								
(Type or Print	· <i>)</i>	DAV	ID BRYAN	LARS	SON				
4. SEX	5a. THIS	BIRTH		5b. IF T	WIN OR TRIPLET (	This child born)	6. DATE OF (Mor	nth) (Day)	(Year)
Male	SINGLE		TRIPLET	1ST _	2ND	3RD	STILLBIRTH M	Iay 19,	1954
7. FATHER'S NAME		a. (First) GERALD		b. (Midd P.	-,	LARS	(Last)	8. COLOR OR Whit	
9. AGE (At time of the	hia birth)		(State or foreign countr		IIa. USUAL OCCI			F BUSINESS OR I	
32	YEARS	1	Illinoi		Dentist	oi Al ION	110. KIND O	r BUSINESS UK I	MDUSIKY
12. MOTHER'S MAIDEN		a. (First)	2.02.201	b. (Midd		c. (	(Last)	13. COLOR OR	RACE
NAME		DOROTH			NE	LODI	<b>E</b> R	Whit	e e
14. AGE (At time of the	is birth)	15. BIRTHPLACE	(State or foreign country	(VC			RN TO THIS MOTHER		
32	YEARS	Milan.	Missouri		a. How many cl dren are now livin	hil-   b. How ng?   born aliv	many children were ve but are now dead?	c. How many	OTHER
2005 Ma	DA L	in cheen I	mes Bois	Jak	2	,	None	children were (born dead after pregnancy)? None	
18a. LENGTH OF PR	EG- 18b	. WEIGHT AT BIRTH	1 19 Was a sta	ndard	serological tes		nilis performed?		No
WEEKS		LBS. OZ		ate dat	te		periorineu.	1031	2/ 2
CAUSE OF STILE		20a. FETAL CAUS	ES /			1	- intra	. 77.	1
causing fetal death	(do NOT Stillbirth.	20b. MATERNAL	CAUSES		7700		- www.	um	
Prematurity, Asphyr	tia, etc.)	trem	ture Se	our	them 17	place	la		
21. STATE ANY COM	PLICATIO	NS OF PREGNANCY	AND LABOR		22. STATE ALL	PERATIONS FO	OR DELIVERY	<u> </u>	
Only a	- 4	toos		1	outer	s for	ups.		
I hereby certify	y that I	23a. ATTENDA	NT'S SIGNATU	JRE	(Specify if )	M. D., midwif	e, or other)	23b. DATE SIGN	IED
attended the birth child who was bo	rn dead	Van	- Mu	~	ess:	mD	1	5-21	-54
on the date state	d above	23c. ATTENDANT	S ADDRESS		attended by	NATURE OF	AUTHORIZED OFFICIA	L ·	TITLE
at 25a. BURIAL. CREN	<i>m</i> ,	DATE	25c NAME OF C		OR CREMATORY	95	ATION (OF		
25a, BURIAL, CREM FION, REMOVAL (8pe 日ロかまの	sify)	/22 /Eli	1			1	ATION (City, town, or	•,	(State)
DATE REC'D BY LO		SISTRAR'S SIGNATU	PRE/	uare I	Memoria Memoria			Idaho DRESS	<del></del>
6-1-54 R	EG. 7	nextle.	talmes)		lefile	Sus	nners,	Boise.	Idaho
		7	The second second		SOMMERS	FUNE	RAL HOME	~UISE.	<u> ≁nan</u> ıo

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PHS-797(VS) 4-48 FEDERAL SECUF PUBLIC HEALTH SE	RITY AGE	ECEIVE	CERTIFIC	ATE	Standard Certificate OF STILLBIF	e) RTH	Local Reg	No. 217
	n.			tate of	Idaho		Reg. Dist.	No. <i>370</i>
a. COUNTY	TILLEN Ada	ipipa of Vital St	ntistics		2. USUAL RESID		THER (Where	does mother live?) Ada
TOWN -		imits, write RURAL and	give township)		c. CITY (If outside of OR TOWN Boi		RURAL and give	township)
	Boise							
INSTITUTION	Boot	hospital or institution, given har Memoria	_		d. STREET ADDRESS 161	11 rural, give loc 17 N • 24	th Str	eet
3. CHILD'S NA		CHRISTOP	HER ANT	ному	HANSEN			
4. SEX	5a. THIS	BIRTH			WIN OR TRIPLET (This o	hild born) 6. DAT	E OF (Mon	th) (Day) (Year)
Male	SINGLE	4	TRIPLET	1ST [	2ND	3RD STIL	LBIRTH Ma	y 31, 1954
7. FATHER'S NAME		a. (First)		b. (Midd	le)	c. (Last)		8. COLOR OR RACE
		Floyd		Н.		Hansen		White
9. AGE (At time of the	his birth)	10. BIRTHPLACE (St	ate or foreign countr	y)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR INDUSTRY
33	YEARS	Washing	ton		Plumbe	r	Contr	acting
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	le)	c. (Last)	<u>=</u>	13. COLOR OR RACE
NAME		Lorna		Ion	е	Mallard		White
14. AGE (At time of the	his birth)	15. BIRTHPLACE (Se	ate or foreign countr			DUSLY BORN TO T	HIS MOTHER (	Do NOT include this child)
36 17. INFORMAN	YEARS	Idaho			a. How many chil- dren are now living?	b. How many of born alive but ar	hildren were	c. How many OTHER children were stillborn
17. INTO AMAIN	ا بر بر	Commence of	Jan 12	,°^• 4 — a i — a	3	none		(born dead after 20 weeks pregnancy)? NON®
18a. LENGTH OF PE		WEIGHT AT BIRTH	19 Was A sto	ndand	serological test f			
NA WEEKS	NCY	LBS. OZS.	Approxim	ate da	te	or sypnins pe	eriormed?	Yes No
CAUSE OF STIL	conditions	20a. FETAL CAUSES	•					36.2
causing fetal death use such terms as Prematurity, Asphy:	(do NOT Stillbirth, xis. etc.)	20b. MATERNAL CA	. L	_	15	0.1		1
		Frema	-, -, -	5e p	aration		cen	Ta
$\Omega$ $I$	_	is of pregnancy a Separat	ion of	plac	22. STATE ALL OPERA	ations for Deli	VERY	
I hereby certif attended the birt		23a. ATTENDAN	T'S SIGNATI	3E	Specify if M. I	)., midwife, or other	er)	23b. DATE SIGNED
child who was be		23c. ATTENDANT'S	DODECC	<del>-                                    </del>	WYOT IN COMM	/VII 2.		5 yune 1934
on the date state at	m.	Doine	Odah	ا . ہ	If NOT attended by physician	TURE OF AUTHOR	IZED OFFICIAI	L U TITLE
25a. BURIAL, CREI TION, REMOVAL (8po Burial	MA- 25b.	DATE /2/5]:	25c. NAME OF C		or crematory  Cemetery	25d. LOCATION (	•	• • • • • • • • • • • • • • • • • • • •
DATE REC'D BY LO		ISTRAR'S SIGNATURE		<u>i                                    </u>	26. FUNERAL DIRECTO			DRESS
6-7-54	7	Neptle -	talmes		Clarife	Sher	nas	Idaho
		U					A 1/ ATLANI	

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PHS-797(VS) 4-48 FEDERAL SECURIT PUBLIC HEALTH SERV	Y AGE	MÁY 27 1954	State of	OF STILLBIF	RTH	State File Local Reg. Reg. Dist.	No. 12.5 No. 5/0	
1. PLACE OF STI	LVER	epp of Vital Sta	tistics	2. USUAL RESID	ENCE OF MOT	HER (Where	does mother live?)	
a. COUNTY		Bannock		a. STATE Idahe	ا ه	COUNT BE	nnock	
b. CITY (If outside co	rporate li	mits, write RURAL and	give township)	c. CiTY (If outside or				
TOWN	Poce	tello		OR TOWN	Pocatello	1		
c. FULL NAME OF ( HOSPITAL OR INSTITUTION		-	rcy Hospital	d. STREET (If rural, give location) ADDRESS 525 Lilac				
3. CHILD'S NAME ((Type or Print)	E				ZUND	ĒL.		
.,	. THIS		5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DATE	OF (Mont	h) (Day) (Year)	
FEMALE	SINGLE	X TWIN	TRIPLET 1ST	2ND	3RD STILL	HTRIB Lpri	1 16, 1954	
7. FATHER'S NAME		a. (First)	b. (Midd	ile)	c. (Last)		8. COLOR OR RACE	
IAVAIC	T	WIGHT	LEWIS	•	ZUNDEL		WHITE	
9. AGE (At time of this b			tate or foreign country)	11a. USUAL OCCUPAT		1b. KIND OF	BUSINESS OR INDUSTRY	
32	YEARS	Malad, I	daho	owner		Zund	del Service	
12. MOTHER'S		a. (First)	b. (Midd	ile)	c. (Last)		13. COLOR OR RACE	
MAIDEN NAME		Betty	Jean		Richardso	n	white	
14. AGE (At time of this b	oirth)		tate or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO TH	IIS MOTHER (	Do NOT include this child)	
27	YEARS	Pocatello	, Idaho	a. How many chil- dren are now living?	b. How many ch born alive but are	ildren were	c. How many OTHER	
17. INFORMANT		·		dren are now hvings	!	now dead?	children were stillborn (born dead after 20 weeks	
Betty Richa	ardso	n Zundel	mother	4	0		pregnancy)?	
18a. LENGTH OF PREG NANCY 31 WEEKS	i-   18b. Y	WEIGHT AT BIRTH LBS. OZS.	19 Was a standard   Approximate da	serological test f	or syphilis per	formed?	Yes. No	
CAUSE OF STILLB: State only morbid con causing fetal death (do use such terms as Stil	ditions NOT	20a. FETAL CAUSES 20b. MATERNAL CA	2/118	rein			3916	
Prematurity, Asphyxia,	etc.)		6/17 K	non			,	
21. STATE ANY COMPL	L/Z	THE OF PREGNANCY A	AND LABOR	22. STATE ALL OPERA	_	ERY VV	raf.	
I hereby certify to attended the birth of child who was born	f this	23a. ATTENDAN	T'S SIGNATURE	(Specify if M. I	O., midwife, or other	>	23b. DATE SIGNED	
on the date stated at 3:45 A.		23c. AFTENDANT'S	ADDRESS La	If NOT 24. SIGNA attended by physician	TURE OF AUTHORI	ZED OFFICIAL	TITLE	
25a. BURIAL, CREMA TION REMOVAL (Sports	- 25b.	DATE -17-54	Mounta	OR CREMATORY	25d. LOCATION (C	City town, or	State)	
DATE REC'D BY LOCAL WAY 2'4 1954 REG	REQ	STRAR'S SIGNATUR	· Wallin	26. FUNERAL DIRECT	of fren	era Stee	DRESS me Polabla Slake	
				g spel	ossna	سر		

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PHS-797(VS) 4-48	7	ECEIV	E 1949 Revision of	f Standard Certificat	e)	State File	No.	
FEDERAL SECUR PUBLIC HEALTH SE	ITY AGEI	MAY 97 'al	GERTIFICATE	OF STILLBI	RTH	Local Reg	. No	26
			State	of Idaho		Reg. Dist.	No5.,	<u> </u>
	TILLEN	<del>पृद्धक of Vital S</del>	tatistics	2. USUAL RESID	ENCE OF MO	OTHER (Where	does mother liv	
a. COUNTY	Banno	ock		a. STATE Ida			Banno ck	
b. CITY (If outside		mits, write RURAL and	give township)	c. CiTY (If outside o				<del></del>
OR TOWN	Poca	tello			atello		, 1011 11111111111111111111111111111111	
c. FULL NAME OF			ive street address or location)	d. STREET	(If rural, give lo	ocation)		
INSTITUTION	Banno	ock Memoria	l Hospital	ADDRESS 633	West Car	rson		
3. CHILD'S NAI							<del></del>	
(Type or Print	,		INFANT GIRL	POHLMAN				
4. SEX	5a. THIS	BIRTH	.5b. 1F	TWIN OR TRIPLET (This	child born) 6. DA	TE OF (Mon	th) (Day)	(Year)
Female	SINGLE	TWIN X	TRIPLET 1ST		3RD STI	LLBIRTH Apr		1954
7. FATHER'S NAME		a. (First)	b. (Mie	idle)	c. (L2st)		8. COLOR O	R RACE
		George	Wil.	liam	Pehlma	an	Whi-	t.e
9. AGE (At time of the	is birth)		tate or foreign country)	11a. USUAL OCCUPAT		11b. KIND OF		
34	YEARS	Grand Is	and, Nebr.	Laborer		U. P.	R. R.	
12. MOTHER'S MAIDEN		a. (First)	b. (Mi	ddle)	c. (Last)	<u></u>	13. COLOR C	R RACE
NAME		Erna	Matile	d <b>a</b> .	Krus <b>e</b>		White	8
14. AGE (At time of thi			itate or foreign country)	16. CHILDREN PREVI	OUSLY BORN TO	THIS MOTHER (	Do NOT inclu	de this child)
33		St. Libory	, Nebraska	a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How man children wer	y OTHER
17. INFORMANT						TO HOW GOOD,	(born dead af pregnancy)?	ter 20 weeks
		lda Pohlmar	1	None	None		None	•
18a. LENGTH OF PRI		WEIGHT AT BIRTH	19 Was a standard	l serological test i	or syphilis p	erformed?	Yes. X	No
40 weeks	1 5	LBS. 4 ozs.	Approximate d	ate				
CAUSE OF STILL		20a. FETAL CAUSES	5	12:17				3413
State only morbid c causing fetal death ( use such terms as	onditions do NOT		prima	energy				- 4,5
use such terms as a Prematurity, Asphyx	stillbirth,   ia, etc.)	20b. MATERNAL CA	AUSES VI. AAAA	inu (1180 si	110 200	Tiv		
			passe	2.00000	me me	cca,		
21. STATE ANY COM	PLICATION Na. 0	Orton K.	Asia (I I)	22. STATE ALL OPEN	ATIONS FOR DEL	IVERY		
<u>uuu</u>	c wa	V	coulfferne furty	al Cull	ce fare	epi.		
I hereby certify attended the birth		13a. ATTENDAN	IT SIGNATURE	Procing M. I	D., midwile, or oth	er) ' 🔝	23b. DATE SI	SNED
child who was bor	n dead	22. ATTEMPARTE	ABDDECC	MILLER	u, y		5-6	-74,
on the date states at 6:16 A.	above	23c ATTENDANT'S	AADRESS A A	If NOT 24. SIGNA	TURE OFIAUTHO	RIZED ÖFFICIAL	-	TITLE
		DATE	25c. NAME OF CEMETER	physician	AF . LOCATION		<del></del>	
25a. BURIAL, CREM TION, REMOVAL (8pec Removal	Hy) A	_	1		25d. LOCATION			(State)
		pril 29, 1 strar's signatur		n View Cemet		atello	DRESS	daho
DATE REC'D BY LOC MAY 2 4 1954 RE	G.   <b>Z</b>	ne Signatur	11)000 -	20. JUNERAL DIRECT				
	-W	v-a 17/1.	water	Jan 72	englin	Pocate	TTO 1	daho
				/				

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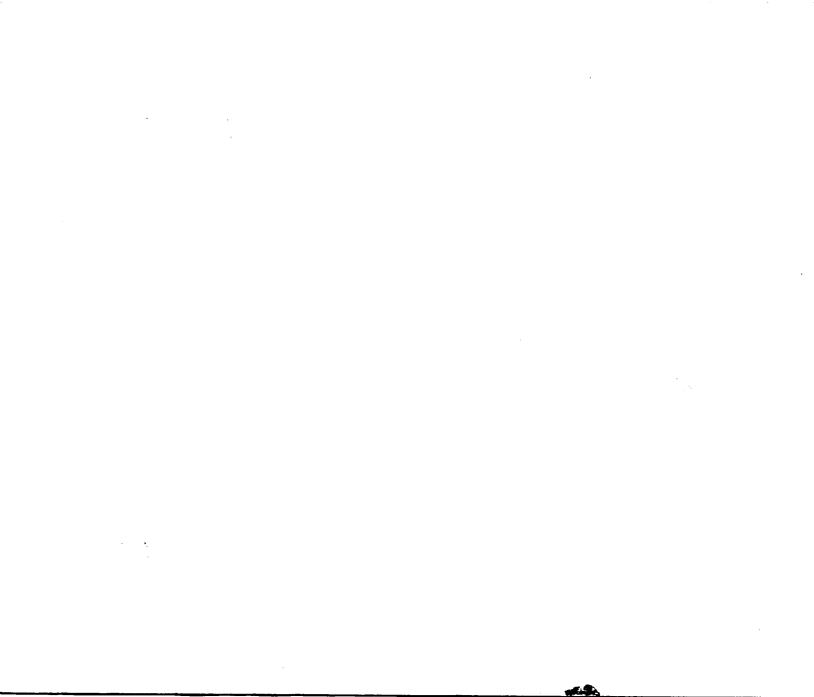
PHS-797(VS) RECEIVE 1249 Revision of R	Standard Certificate)	State File No.
FEDERAL SECURITY AGENTIAL 20 195 FRTIFICATE	OF STILLBIRTH	Local Reg. No.
Division of Vital Statistics	Idaho	Reg. Dist. No.
I. FLACE OLD INCLORED	2. USUAL RESIDENCE OF MO	OTHER (Where does mother live?)
a. COUNTY Dear Lake	a. STATE dano	b. COUNT Seas Vale
b. CITY attenuate corporate finite, wild RURAL and give fownship) OR	C. CITY (If and corporate limits write	RURAL and give (ownship)
TOWN ONLOW Stand	TOWN OMBELLY	V Mako
c. FULL NAME OF transfer in hospital or nativation give street address or location HOSPITAL OR INSTITUTION	d. STREET (If rural, eigent	garion) th
3. CHILD'S NAME ((Type or Print) Daby Serber	( Joseph ges	low)
SEX 5a. THIS BIRTH 5b. IF TO SERVE SINGLE TWIN TRIPLET 15T	VIN OR TRIPLET (This child born) 6. DA'STI	TE OF (Month) (Day) (Year)
7. FATHER'S (a. (First) b. (Middle NAME)		8. COUDR OR BACE,
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign county)	112 USUAL OCCUPATION .	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S b. (Midd	e) <u>c. (1984)</u>	13. COLOR OR RACE
NAME (MMY	Red	White
14. AGE (At time of this birth) 15 SIR FOPLAGE (State or foreign country)		THIS MOTHER (Do NOT include this child)
17. INFORMANT	a. How many chil- dren are now living? born alive but a	children were c. How many OTHER children were stillborn (born dead after 20 weeks
I/. INFORMANT	9 Km	pregnancy)?
188, LENGTH OF PREG-   18b. WEIGHT AT BIRTH   19 TVog p standard		flow
MANCY  Was a standard  Approximate dat	serological test for syphilis r	performed? Yes
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT	by Cord aroun	dull 36.0
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	eV	11.
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DEX	llulry.
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this child who was born dead	(Specify if M. D., midwie, or oth	Der) 23t/. DATE SIGNED 5-/8-54
on the date/stated above 23c/ATTENDATTS ADDRESS ) at 5-8-54.4 m.   Would list High	If NOT 24. SIGNATURE OF AUTHO physician	RIZED OFFICIAL TITLE
28 BURIAL CREMA- 250 DATE 250 NAME OF CEMETERY TION REMOVAL (800 Hy) A W / 8/95 A FOR WALLEY	OR CREMATORY 25d. LOCATION	(City, town, or county) (State)
DATE TEC'D BY LOCAL REGISTRATE SHEWATURE	26 PUNERAL DIRECTOR	address Monthlin day
7	, a	

PHS-797(VS) 4-48 FEDERAL SECUR	RITY AGE	NCY	F 14949 Revision	of Standard C	ertificate	e) RTH	State File	No. / 9	<u> </u>
PUBLIC HEALTH SE		MAY 20 19	54 State	of Idaho			Reg. Dist.	No. Ga	-0
1. PLACE OF S a. COUNTY	TILL <b>E!R</b> B <b>i</b> ngha	ipipu of Vital S im	tatistics	2. USUAL a. STATE	RESID Tdal	ENCE OF MO	DTHER (When b. COUNTY	e does mother live	7)
b. CITY (If outsid		mits, write RURAL and	give township)			orporate limits, write	e RURAL and give		
OR TOWN	Blackf	oot.		TOWN	Blac	ckfoot			
c. FULL NAME C HOSPITAL OR INSTITUTION	F (If not in		lve street address or location	d. STREET	r ss	(If rural, give le ute #1	ocation)		
3. CHILD'S NA	ME								
4. SEX	5a. THIS	BIRTH	,5b. i	IF TWIN OR TRIP	ET (This c	hild born) 6. DA	TE OF (Mon	th) (Day)	(Year)
Male	SINGLE	⊒r twin □	TRIPLET 15	T ZND		3RD ST	ILLBIRTH I	lav 9.	1954
7. FATHER'S		a. (First)		(iddle)		c. (Last)		8. COLOR OR	RACE
NAME		William		Don		Sper	cer	Wh.	ite
9. AGE (At time of t	his birth)		State or foreign country)	11a. USUAL	OCCUPAT			BUSINESS OR	
37	YEARS	Sugar	City. Idaho				Mt. Sta	tes Tel	. & ጥልገ
12. MOTHER'S	, ,,,,,,,	a. (First)		Iiddle)		c. (Last)	1102 500	13. COLOR O	
MAIDEN NAME		Dorothy	Но	len		Clar	• <b>L</b>	TeTh:	ite
14. AGE (At time of t	his birth)		State or foreign country)		EN PREVI	OUSLY BORN TO			
31.	YEARS	Cape Gira		a. How ma	ny chil- w living?	b. How many born alive but	children were are now dead?	c. How many	stillborn
17. INFORMAN	T	$\sim$	01	0				(born dead aft pregnancy)?	er 20 weeks
Elain	(e)	Kense	W- Cleur	Two	)	None	<b>.</b>	No	ae
18a. LENGTH OF PI NA 36 WEEK	INCY /	WEIGHT AT BIRTH LBS. ? OZS.	19 Was a standa Approximate			or syphilis	performed?	YesX	No
CAUSE OF STIL		20a. FETAL CAUSE	S			· · · · · · · · · · · · · · · · · · ·			9,6
State only morbid	conditions	$\cup$	entenous						
State only morbid causing fetal death use such terms as Prematurity, Asphy	Stillbirth,	20b. MATERNAL C	AUSES						
OL CTATE AND CO.	MOULCATIO	NS OF PREGNANCY	AND LABOR	1 22 CTATE A	UL OPER	ATIONS FOR DE	IVEDV		<del></del>
21. STATE ANY CO	MPLICATIO	15 OF PREGNANCE	AND DABOR	Z. SIMIE	ILL OPER	ATIONS FOR DE	LIVERT		
	ند	20 07	NTING ELENATURE		May 11 M	D., midwife, or of	·har)	23b. DATE SIG	SNED
I hereby certi attended the birt		23a. ATTENDA	SIGNAL ORE	(spec		D., IIIIUWIN, OF OR	mot)	1	
child who was b	orn dead	23c. ATVENDANT'S	yyoa				A OFFICIA		2 <u>, 195</u> 4
on the date stat	٨	1 / <i>I</i> /		sttended by	A. SIGNA	TURE OF AUTHO	DRIZED OFFICIA	NL.	1116
	A.m.	Blackfo		physician		les Location	1 (01- 1		(State)
25a, BURIAL, CRE TION, REMOVAL (8p		DATE	25c. NAME OF CEMET			·	(City, town, or		
Cremated DATE REC'D BY LO		lay 9 195); SISTRAR'S SIGNATU		MOTIAL HO 26. FUNERA			HOT OOK	DDRES	daho
DATE RECUBITE	REG.	h- 1	2-65	ه اه	. /			1.	dun
Day (2-19	04///	1900 wal	us s. Tall	(Actir	g) (	nen		<del></del>	
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	、こつピリ	/FD			year or see		
PHS-797(VS) 4-48	MAVORIC	(1949 Revision of	Standard Certificat	e) State Fil	e No.		
FEDERAL SECURITY AGE			OF STILLBIR	RTH Local Re	Local Reg. No7		
PUBLIC HEALTH SERVICE	d ision of Vital !	Statistics State of	Idaha	Reg. Dist	No. 410		
		Matistics Profe O	- Iddiio				
1. PLACE OF STULBIF a. COUNTY	≀TH•		2. USUAL RESID	7.1-7/-1.10111211 (1110	re dosamother live?)		
a. COUNTY Bla	me		a. STATE	b. COUNTY	Kalmin		
b. CITY (If outside boy forate !	mite rite RURAL and gi	ve township)	c. CITY (If outside o	opposite limit write BURAL and give	CALLED TOC		
TOWN Have	Ver		OR TOWN		township)		
c. FULL NAME OF (If not in			II————————————————————————————————————	eccum			
HOSPITAL OR //	hospifil or in titution ove	street address or location)	d. STREET ADDRESS	(If rural, give location)			
HISTITUTION Hac	les Cli	neal					
3. CHILD'S NAME	F 1/1.	0 1/11 - 1	7)				
(Type or Print)	* /Y//	CHEAL	KA/N	P			
4. SEX 5a. THIS	DIDTU	1 56 157	7 7 7 7 7				
$M \cdot 1$		F-1   30. 1F	WIN OR TRIPLET (This	child born) 6. DATE OF (Mor	ath) (Day) (Year)		
SINGLE	TWIN X	TRIPLET 1ST	2ND	3RD 🔲	3 25 54		
7. FATHER'S NAME	a. (First)	b. (Midd	•	c. (Last)	8. COLOR OR RACE		
NAME.	MAY	ROA	F	RAINO	111		
9. AGE (At time of this birth)	10. BIRTHPLACE (Stat		11a. USUAL OCCUPAT				
.7.5	MADEILET	T An all	TIA. USUAL OCCUPAT	III. KIND O	F BUSINESS OR INDUSTRY		
YEARS	MANAGORI	1,74116H	musica	an church	risment		
12. MOTHER'S MAIDEN	a. (First)	b. (Midd		c. (Last)	13. COLOR OR RACE		
NAME 94	RISHIYA	$\cup E$	7 <i>X</i> /	HILL	+ $W$ ,		
14. AGE (At time of this birth)	15. BIRTHPLACE (Stat	te or foreign country)		OUSLY BORN TO THIS MOTHER	(Do NOT include this child)		
25 YEARS	TAMPA	FIA	a. How many chil-		c. How many OTHER		
17. INFORMANT	141117	1 ~~	dren are now living?	b. How many children were born alive but are now dead?	children were stillborn (born dead after 20 weeks		
		•	1	NONE	pregnancy)?		
9 000	\alpha	ini	/	140142	NONE		
18a. LENGTH OF PREG 18b.	WEIGHT AT BIRTH	19.Was a standard	serological test f	or syphilis performed?	YesNo		
WEEKS	LBS. OZS.	Approximate da	te	or bypining periormed.	165		
	20a. FETAL CAUSES	1	· · · · · · · · · · · · · · · · · · ·		- W		
CAUSE OF STILLBIRTH State only morbid conditions		Mar &			37.5		
causing fetal death (do NOT		10000	<del></del>				
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAU	ges cl.					
	<u> </u>	yman	~~~				
21. STATE ANY COMPLICATION	S OF PREGNANCY AN	D ABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY			
-		V	nn	/			
Thomas continues to	23a. ATTENDANT	SOCIONATORE	(2) (3)				
I hereby certify that I attended the birth of this	Sa. AT ATISUS NI	3 SIGNA IURE	(Specify if)M. 1	D., midwife, or other)	23b_DATE SIGNED		
child who was born dead	LHAI	len un	m.		12/6/5/		
on the date stated above	23c, ATTENDANT'S AL	DRES /	If NOT 24. SIGNA	TURE OF AUTHORIZED OFFICIA	IL TITLE		
at m.	Dun _	elalio	attended by Dhysician				
25a BURIAL, CREMA- 25b.	DATE 2	25c. NAME OF CEMETERS	OR CREMATORY	25d. LOCATION (City town, or	county) (State)		
TION, REMOVAL (Specify)	-96-54	Hail		La la la la la la la la la la la la la la			
ATT PEGE DI LES		// 200	7/ )'	Marry.	young.		
DATE REC'D BY LOCAL REC	ISTBAR'S SIGNATURE	1	76. FUNERAL DIRECT	OF DI TIAL	DDRESS /		
Jay 10, 1954	voterf St. W	right- Rev	VaiMe	youruck	. Xtalley		
1		1)000-	F	/	1 1		
<u> </u>		U WIN.		/	<u> </u>		


PHS-797(VS) 4-48 4-48 4-48 4-48	Standard Certificate	e) State File	No.
FEDERAL SECURITY AGENCY 25 954 ERTIFICATE	OF STILLBIR	RTH Local Reg	. No. /5
	i Idaho	Reg. Dist.	No. 410
1. PLACE OF STILLBIPTH	2. USUAL RESU	ENCE OF MOTHER (When	a detta mother lives)
a. COUNTY ASCALLE	a. STATE	da b. COUNTY	Chure
b. CITY (If outside corporate limits, write RURAL and give township) OR	c. CITY (If outside of OR	porrete limits, frite RURAL and sive	e township)
TOWN Hayley.	TOWN	reckus	
c. FULL NAME OF (II not in hospital of institution, to start address or location) HOSPITAL OR INSTITUTION	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME ((Type or Print) / MITCHE	LL R	AINO,	
	TWIN OR TRIPLET (This	· · · · · · · · · · · · · · · · · · ·	th) (Day) (Year)
7. FATHER'S D. (First) D. (Mid RAY)		PAIXO	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (Stree or foreign equatry) 35, YEARS MARQUELL MICK	11a. USUAL OCCUPAT		BUSINESS OR INDUSTRY
12. MOTHER'S 8. (Find) b. (Mid	tle)	c. (Last)	1 13. COLOR OR RACE
MAIDEN BARBARA JEA		HILL	IS. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		DUSLY BORN TO THIS MOTHER (	(Do NOT include this child)
23 YEARS Jampa, tha	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
7. INFORMANT		none	(born dead after 20 weeks pregnancy)?
18a, LENGTH OF PREG-) 18b, WEIGHT AT BIRTH   1937/00 0 stondard			monte,
NANCY WEEKS LBS. OZS. Approximate da	serological test f ite	or syphilis performed?	YesNo
CAUSE OF STILLBIRTH 20a. FETAL CAUSES			39,5
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES		· · · · · · · · · · · · · · · · · · ·	
Prematurity, Asphyxia, etc.)	min	<b>.</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	-
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	(Specify if M. I	)., midwife, or other)	23b. DATE SIGNED
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT   24. SIGNAT	URE OF AUTHORIZED OFFICIAL	L TITLE
atm. Sur Sluly,	attended by physician		
25a BURIAL CREMA- TION, REMOVAL (Specify) 3-26-34 25c. NAME OF CEMETER	OR CREMATORY	25d. LOCATION (City, town, or	county) (Sagle)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE, New 10-1954 Wolcard TV. Wright-Rev	FUNERAL DIRECT	ne soldre	Ch Halle
O CBN.	1	d	/



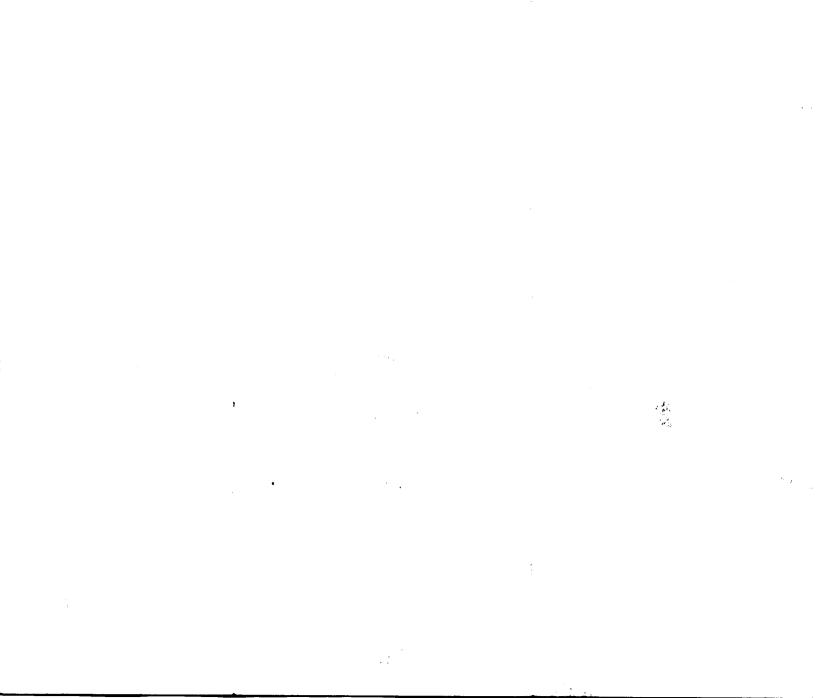
NECEIVED	
PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY JUN 9 - 195 (1949 Revision of FEDERAL SECURITY AGENCY JUN 9	Standard Certificate)  State File No  Local Reg. No/2
Division of Vital Statistics State of	Idaho Reg. Dist. No
1. PLACE OF STILLBIRTH a. COUNTY DOMM CVILLA	2. USUAL RESIDENCE OF MOTHER (Where 1000 mother live?) a. STATE b. COUNTY
	12040 Wonneville
b. CITY (If outside corporate limits, write PORAL and give township) OR TOWN day o Falls	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Swan Valley
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION  LD.5.   105 p   141	d. STREET (If rural, give location) ADDRESS
3. CHILD'S NAME (Type or Print) Daby (Shm	rent
4. SEX   5a. THIS BIRTH   5b. IF T   1st   WIN OR TRIPLET (This child born)  2ND 3RD 6. DATE OF (Month) (Day) (Year)  STILLBIRTH (Pril > 3-1954)	
7. FATHER'S a. (First) b. (Midd) NAME Blaine Ellis	Sh ment White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)  22 YEARS Treedom Wyomino	11a, USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME  12. MOTHER'S MAIDEN NAME  12. MOTHER'S MAIDEN NAME  12. MOTHER'S MAIDEN NAME  13. (First)  14. (First)  15. (Midd)  16. (Midd)	S. C. C. C. MACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
9 YEARS OKTAHOMA	a. How many children were c. How many OTHER dren are now living? born alive but are now dead? children were stillborn
17. INFORMANT	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREG-NANCY WEEKS LBS. OZS. Approximate da	serological test for syphilis performed? Yes
CAUSE OF STILLBIRTH   20a. FETAL CAUSES	-/ 39 -
State only morbid conditions	3 = no
causing letal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
I hereby certify that I   276. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, opother) 23b. DATE SIGNED
attended the birth of this child who was born dead	Add my my 54
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
atm.   Z5c. NAME OF CEMETERY	OP CREMATORY 1254 LOCATION (CITY AND ADDRESS OF THE COLUMN (CITY AND ADDRESS OF THE CITY ADDRESS OF THE CITY AND ADDRESS OF THE CITY ADDRESS OF TH
TION/REMOVAL (Boodity) Premalien Opr 73, 34	Edaho Falls
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  REG.  DILLE 4-1954	26. FUNERAL DIRECTOR ADDRESS  ADDRESS  TOARD FOR

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RECEIVED PHS-797(VS) (1949 Revision of Standard Certificate) PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY 21 1954 CERTIFICATE OF STILLBIRTH State File No..... Local Reg. No..... PUBLIC HEALTH SERVICE IN OF Vital Statistics Reg. Dist. No. 34.2 State of Idaho 1. PLACE OF STILLBIRTH 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. COUNTY b. COUNTY Canvon Canvon a. STATE Idaho b. CITY (If outside corporate limits, write RURAL and give township) c. CITY (If outside corporate limits, write RURAL and give township) LOWN MUMDS -OR TOWN Namna - Rustal c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR d. STREET (If rural, give location) ADDRESS 11 2 INSTITUTION Sameritan Hospital 3. CHILD'S NAME (Type or Print) CECTI AN DREM STMPR 5a. THIS BIRTH 4. SEX 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year) STILLBIRTH SINGLE X May 27, 1954 Mala TWIN TRIPLET 2ND IST 3RD 7. FATHER'S a. (First) b. (Middle) 8. COLOR OR RACE NAME Andrew Simer White 9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY Kings Packing Mamma: Idaho Butcher YEARS 12. MOTHER'S a. (First) 13. COLOR OR RACE b. (Middle) c. (Last) MAIDEN Celia Wilson White 14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 22 Veiwfield. a. How many chil-dren are now living? b. How many children were born alive but are now dead? YEARS c. How many OTHER children were stillborn (born dead after 20 weeks 17. INFORMANT pregnancy)? 18a. LENGTH OF PREG-18b.₄ VEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes......... No....... NANCY LBS. LOZS. Approximate date WEEKS 20a. FETAL CAUSES/ CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY 23a. ATTENDANT'S SIGNATURE I hereby certify that I (Specify if M. D., midwije, or other) 236. DATE SIGNED attended the birth of this child who was born dead 23c ATTENDANT'S on the date stated above 24. SIGNATURE OF AUTHORIZED OFFICIAL attended by physician 25a. BURIAL, CREMA-TION, REMOVAL (Specify) 25b, DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (State) Kohlerlawn Cemetery Nampa, Idaho REC'D BY LOCAL REGISTRAR'S SIGNATUR 26. FUNERAL DIRECTOR ADDRESS Nampa, Ida. Alsip Funeral Chape

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KECEIVED		The state of the s
PUC 707(VC)	Standard Certificate)	State File No
WAT 22 MISA	OF STILL RIPTH	Local Reg. No
		Reg. Dist. No.
1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF MOT	HER (Where does mother live?)
a. COUNTY Clark	a. STATE Z	COUNTY CA
b. CITY (If outside corporate limits, write RURAL and give township)	c. CiTY (If outside corporate limits, write RI	(IRAI, and size township)
TOWN Cm > //	TOWN CIAN //	can and give con manipy
c. FULL NAME OF (If not in hospital or institution, give street address or location)	3///	
HOSPITALOR	d. STREET (If rural, give locati	ion)
CE CE GENER OF WATER		
3. CHILD'S NAME ((Type or Print)		
your.		
4. SEX 5a. THIS BIRTH 5b. IF T	WIN OR TRIPLET (This child born)   6. DATE	OF (Month) (Day) (Year)
Mile SINGLE TWIN TRIPLET IST	WIN OR TRIPLET (This child born) 6. DATE ( STILLE	BIRTH M. 10 1001
7. FATHER'S a. (First) b. (Midd		6. COLOR OR RACE
NAME (1)		6. COLOR OR RACE
08y1e/f /ke//	and Gauch	24 6940
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION 11	b. KIND OF BUSINESS OR INDUSTRY
27 YEARS DUBOIS ZOOKO	Kancher.	Own.
12. MOTHER'S a. (First) b. (Midd	le) c. (Last)	13. COLOR OR RACE
	ves Moloney	0 3 11 0
14. AGE (At time of this birth)   15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THE	S MOTHER (Do NOT include this child)
25 YEARS DUbais INA KAN	a. How many chil- b. How many chi	ldren were   c. How many OTHER
17. INFORMANT	dren are now living?   born alive but are n	now dead? children were stillborn (born dead after 20 weeks
may my of of and	/ /	pregnancy)?
18a, LENGTH OF PREG- 1 18b. WEIGHT AT BIRTH   19 117 -	, , , , , , , , , , , , , , , , , , ,	
NANCY Was a standard	serological test for syphilis per	formed? Yes No
LBS. () OZS.   Approximate us	te.	
CAUSE OF STILLBIRTH   20a. FETAL CAUSES		206
State only morbid conditions Wo Ah	parent cause	2776
causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	's suppose the sup	
Prematurity, Asphyxia, etc.)	parent pano	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVE	
	2. STATE ALL OFERATIONS FOR DELIVE	.K.T
Worl	none	
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	fal, m. D.	5-11-54
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT   24. SIGNATURE OF AUTHORIZE	ED OFFICIAL TITLE
at 1:30 Dm. (Yexpure Idaka	attended by physician	
25a. BURIAL, CREM A- 25b. DATE 25c. NAME OF CEMETERY	OR CREMATORY 25d. LOCATION (CI	ty, town, or county) (State)
TION, REMOVAL (Specify)	Q.V.	1
DATE REC'D BY LOCAL RESISTRAT'S SIGNATURE	26 FUNERAL DIRECTOR	any Justo
REG. MA NOO F	26. FUNERAL DIRECTOR	ADDRESS
Made With Leek W	TOY A. HODG	Nexbarg tools
1	/	



PHS-797(VS)  A-48  RECEIVE D949 Revision of the performance of the per	Standard Certificat	e) <b>S</b> t	ate File No	β <sup>1</sup> = − 1 . • • • • • • • • • • • • • • • • • • •
PUBLIC HEALTH SERVICE	OF STILL BIE	TH L	cal Reg. No	
Division of V: State of	Idaho	Re	g. Dist. No	
- Vital States				
		ENCE OF MOTH		her live?)
a. COUNTY Idaho	a. STATE Id.	aho b. C	COUNTY Lew:	is
b. CITY (If outside corporate limits, write RURAL and give township) OR	c. CITY (If outside of	orporate limits, write RUR	AL and give township	)
TŎŴN Cottonwood		raigmont		
c. FULL NAME OF (If not in hospital or institution, give street address or location)	d. STREET	(If rural, give location	`	
HOSPITALOR INSTITUTION Lady of Consolation	ADDRESS	(II I dian, Elve location	,	
3. CHILD'S NAME	1			
((Type or Print) "Unnamed" Braucher				
4. SEX 5a. THIS BIRTH 5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DATE OF	(Month)	Day) (Year)
Male SINGLE TWIN TRIPLET 15T	2ND	r ST!LLBU	RTH ` `	954
7. FATHER'S a. (First) b. (Midd NAME	le)	c. (Last)	8. COLO	OR OR RACE
JOHN WALTER BRAUCHER			wh	nite
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	ION 11b.	KIND OF BUSINE	
24 YEARS Eldorado. Colorado	Saw mill	worker 1	lumber Mi	177
12. MOTHER'S a. (First) b. (Midd		c. (Last)		OR OR RACE
MAIDEN PEGGY GENELLE RANDALL	,	. (===,	wh	
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16 CHILDDEN BOEVI	OUSLY BORN TO THIS		
70 1874 73 3				
T INFORMANT	a. How many chil- dren are now living?	b. How many child born alive but are no	w dead? children	many OTHER n were stillborn ead after 20 weeks
Jefm W Branche Craigmont, Idaho.	one	None	pregnar	est after 27 weeks ney)? One
18a: LENGTH OF PREG-   18b. WEIGHT AT BIRTH   19 YEAR OF CASE AND ADDRESS OF COMMENTS				<del>, , , , , , , , , , , , , , , , , , , </del>
28 NANCY 3 LBS. 8 OZS. Approximate date		or sypnins perio	rmed? Yes	No
CAUSE OF STILLBIRTH   20a. FETAL CAUSES	0			5610
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES				
use such terms as Stillbirth, 20b. MATERNAL CAUSES	- I	f-, ~	PI	*
Prematurity, Asphyxia, etc.)  Tunalu	sepo	calle of	Hour	ta.
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVER	Υ	4 4-4
Periode Bluding & foo of agrisoful	Sin	THE	o t Protes	it feties.
- I - Jan	Great to the	oug .	l nou na	T CIONED
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	opecity item. I	)., midwife, or other)	236. DA	TE SIGNED
child who was born dead	100_		1 3	-20-07
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNAT	TURE OF AUTHORIZED	OFFICIAL	TITLE
at le 32 m. My seres stelates -	physician			<del></del>
25a. BURIAL, CREMA- TION, REMOVAL (Specify) 25b. DATE 25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (City		(State)
removal 10.0 F. C	emetery	Craigmont	, Idaho.	•
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT	98,	ADDRESS	· · · · · · · · · · · · · · · · · · ·
6-7-54 W. 9. Oxxx 71 D. 6477	(250	Variation .	Craign	ont. Idaho.
The state of the s	-10,00	www.	4- <del> </del>	

PHS-797(VS) 4-48	R	ECEIV	E 1949 Revision of	Standard Certificate	e)	State File	No
PHS-797(VS)  A-48 PEDERAL SECURITY AGENCY AY 26 1916 ERTIFICATE OF STILLBIRTH  PUBLIC HEALTH SERVICE  PAGE NO. 192  Rec. No. 192					No.192		
			ام ماسات	Idaho		Reg. Dist.	No. 440
1 PLACE OF S	TILLBIR	sion of Vital St	atistics	2. USUAL RESID	ENCE OF MO	THED (WILL	J
a. COUNTY	Jero			a. STATE		b. COUNTY	_
h CITY (TI		mits, write RURAL and		Idah	· <b>V</b>		Iwin Falls
OR				C. CITY (If outside co		RURAL and give	township)
+ 144		to llosp:			hl		
HOSPITAL OR INSTITUTION	r (If not in	hoepital or institution, give	ve street address or location)	d. STREET ADDRESS 604	If rural, give loo 8th Aver		h
3. CHILD'S NA							
((Type or Print	:)	Baby Boy	Young DAV	TD OS	CAR	YOUN	īG
4. SEX	5a. THIS			WIN OR TRIPLET (This c	The second secon		
Male	SINGLE	TWIN .	TRIPLET 1ST	2ND	3RD STIL	E OF (Mont LBIRTH May	9, 1954
7. FATHER'S NAME		a. (First)	b. (Midd	le)	c. (Last)	* * *	8. COLOR OR RACE
	Go:	rdon	0 Donne	911	Young		White
9. AGE (At time of the	nis birth)	10. BIRTHPLACE (S	tate or foreign country)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR INDUSTRY
41	YEARS	Vernal,	Utah	Mechanic		Station	n Attendant
12. MOTHER'S MAIDEN	· · · · · · · · · · · · · · · · · · ·	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR OR RACE
NAME	E	sther	LaRue		Knudsen		White
14. AGE (At time of the	nis birth)	15. BIRTHPLACE (8	tate or foreign country)			THIS MOTHER (	Do NOT include this child)
41	YEARS	Salt Le	ke City, Utah	a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
17. INFORMANT	Gent	00	. ed	2	0		pregnancy)?
Noton	wy	Vac		)			
18a LENGTH OF PF NA WEEKS	NCY	WEJGHT AT BIRTH LBS. OZS.	<sup>19</sup> . Was a standard Approximate da	serological test f	or syphilis p	erformed?	Yes No
		20a. FETAL CAUSES					32,4
CAUSE OF STILE	conditions						~~,7
causing fetal death use such terms as	(do NOT Stillbirth.	20b. MATERNAL CA	JUSES				
Prematurity, Asphy	xia, etc.)	TOXEN	•	MINURIC			
21. STATE ANY COM	APLICATION	S OF PREGNANCY		22. STATE ALL OPER	ATIONS FOR DEL	IVERY	
		ERMINAL		NONE			
I hereby certif			T'S SIGNATURE		O., midwife, or oth	ier)	23b. DATE SIGNED
attended the birt	h of this	フ/.フ/	Mille	rd m.	<i>)</i> \		5-19-54
child who was be	orn dead ed above	23c. ATTENDANT'S	ADDRESS	If NOT   24. SIGNA	TURE OF AUTHO	RIZED OFFICIA	L TITLÉ
at 8:20		Twin Fal	ls. Idaho	attended by physician			
25a. BURIAL, CRE TION, REMOVAL (Sp.		DATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or	county) (State)
TION, REMOVAL (Sp. Burial	odfy) Mi	ay 9, 1954	Buhl Cit	y Cemetery	Buh]	L	Idaho
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATUR		26. FUNERAL DIRECT			DRESS
	REG.	ister m.	Rose OSS	1 Kale &	· Chri	stenser	Buhl, Idaho
7.77	·		7				

		·

PHS-797(VS) 4-48	(194	9 Revision of	Standard Certificate	e)	State File	No	·····
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	NCY RFC 国家	CERVIE CATE OF STILLBIRTH LO				Local Reg. No. 2	
TODEIO HENETH SELVETOR	WM 19	ງບ່າ State of	Idaho		Reg. Dist.	No/20	***********
I. PLACE OF STILLBIF			2. USUAL RESID	ENCE OF MC	THER (Where	does mother live?)	<del></del>
a. county Kooten	ai Division of Vital	Statistics	a. STATE Idah		b. COUNTY K	oo ten <b>a</b>	
b. CITY (If outside corporate l	imits, write RURAL and give townsh	nip)	c. CITY (If outside co	rporate limits, write	RURAL and give	township)	<del>2.444</del>
TŎŴN Coeur d	'Alene		OR TOWN Hav	den Lake			
c. FULL NAME OF (If not in HOSPITAL OR	hospital or institution, give street ad	dress or location)	d. STREET ADDRESS	(If rural, give lo	cation)		
INSTITUTION Lake	City Hospital		Rte	• # I			
3. CHILD'S NAME ((Type or Print)							
(I Type of Fitht)	Baby Boy M	lagnus					
4. SEX 5a. THIS		.5b. IF T\	WIN OR TRIPLET (This c	hild born) 6. DA	TE OF (Mont	th) (Day)	(Year)
Male SINGLE	X TWIN TRIPLE	ET IST	2ND	3RD	2	14	54
7. FATHER'S NAME	a. (First)	b. (Midd)	le)	c. (Last)		8. COLOR OR	RACE
Ea	<u>rl</u>	Marti	in	Magnus	5	White	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or forci	gn country)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR I	NDUSTRY
24 YEARS	Colorade		Rancher		Farm		
12. MOTHER'S MAIDEN	a. (First)	b. (Middl	le)	c. (Last)		13. COLOR OR	RACE
NAME	Marcella	<u>A</u> V		Powell		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or forei	ign country)	16. CHILDREN PREVIO	DUSLY BORN TO		Do NOT include	this child)
18 YEARS	Idaho		a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many children were	OTHER stillborn
17. INFORMANT						(born dead after pregnancy)?	20 weeks
Earl Martin Mag		Idaho	none	none	e	none	
18a, LENGTH OF PREG-   18b.	WEIGHT AT BIRTH 19 Was	a standard	serological test f	or syphilis p	erformed?	Yes 1	VQ
WEEKS	LBS. OZS. App	proximate dat	te				36,0
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	717.	(Para		day.	_e•	1
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	- June	uny.	- (0/000	raure	pyse	arion	4 Hace
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES	. 0	10			40 66	lun-
	UNC.	- 220	wyer	- /05	me	og pr	71-
21 STATE ANY COMPLICATION	NS OF PREGNANCY AND LABO	R PA	22. STATE ALL OPERA	TIONS FOR DEL	IVERY	0	0
Museux 1	zujosvarzni aj	Pulled.	10	per	1	ny	
I hereby certify that I attended the birth of this	Za. ATTENDANT'S	NATURE	(Specify if M. 1	., midwife, or oth	er)	23b ATE SIGN	NED //
child who was born dead	COACH	100	L PLP. M			4/1	139
on the date stated above	23c. ATTENDANT'S ADDRESS	_	attended by	TURE OF AUTHO	RIZED OFFICIAI	L	TITLE
atm.	Coeur d'Alene,		physician				
TION, REMOVAL (Specify)			OR CREMATORY	25d. LOCATION		• •	(State)
	····	st Cemete	ery	Coeur d'			
DATE REC'D BY LOCAL REG	ISTRAR'S SIGNATURE	$2 \cdot 1$	26 FUNEAUL DUNE			DRESS	<b>-</b>
6-7-54 L	persone T. K	rush \$	tilber J	ares	Coeur	d'Alene,	<u>Ida</u> ho

C:

Dr. Fox	···· • • • • • • • • • • • • • • • • •	:			·		N 1940
PHS-797(VS)	CEIVED 949	Revision of	Standard Certificat	e)	State File 1	No	
FEDERAL SECURITY AGENCE	Y 2 1 195 CERTI	FICATE	OF STILLBIR	RTH	Local Reg.		
1		State of	Idaho		Reg. Dist. 1	No/2.0.	<b></b>
1. PLACE OF STILLBIRTH	of Vital Statistics		2. USUAL RESID	ENCE OF MO	THER W.	d	•
a. COUNTY Kootena	i		a. STATE Idah		b. COUNTY K	oes mother live	n.
b. CITY (If outside corporate limite,	write RURAL and give township	)	c. CITY (If outside or		N.C.	ovenar	
TOWN Coeur D'			II UK	ur D' Ale		ownsmp)	
C FILL NAME OF OF the board	tel es territoria.	ess or location)	d. STREET	(If rural, give loc			
HOSPITAL OR INSTITUTION Lake Cit	ty General Hosr	oital	II ADDDECC	oute # 2	<b>44.0</b> 1)		
3. CHILD'S NAME			"		<del></del>		
((Type or Print)	Keith	Louis	Jen	nings			
4. SEX 5a. THIS BIRT	TH .		WIN OR TRIPLET (This		E OF (Month	) (Day)	(Year)
Male single X	TWIN TRIPLET		7 [-7	3RD STIL	LBIRTH May		1954
	(First)	b. (Midd	le)	c. (Last)		8. COLOR OR	
	Edward	L.	J	ennings	1	White	
9. AGE (At time of this birth) 10.	BIRTHPLACE (State or foreign	country)	11a. USUAL OCCUPAT		11b. KIND OF		
40 YEARS S	Spokane, Washin	gton	Druggist		Own B	u <b>sines</b> s	
12. MOTHER'S 8.	(First)	b. (Midd	le)	c. (Last)		13. COLOR OF	
	largaret	${\mathbb E}_{ullet}$		Martin		White	
	BIRTHPLACE (State or foreign	country)	16. CHILDREN PREVIO	DUSLY BORN TO T	HIS MOTHER (D		e this child)
36 YEARS	Washington		a. How many chil- dren are now living?	b. How many of born alive but are	hildren were	c. How many children were	
17. INFORMANT		—··	aron no no my my mg.	. Doin alive but at		(born dead afte pregnancy)?	ar 20 weeks
Edward Ly	una go		Two	None		One	
NANCY		a standard	serological test f	or syphilis pe	rformed?	Yes	No
<del></del>		oximate dat	te.				
CAUSE OF STILLBIRTH	. FETAL CAUSES	/-	7.A.	7 ^		30	7,2
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b	V Lyan	Nopo	· / wal	w			
Prematurity, Asphyxia, etc.)	. MATERNAL CAUSES						
21. STATE ANY COMPLICATIONS O	F PREGNANCY AND LABOR	<del></del>	22. STATE ALL OPERA	TIME SOR OF U	/FDV		
Zii Ziii Ziii Ziii Ziii Zii Zii Zii Zii	/ TALORATO AND DADOR	ر ا	2. STATE ACTO OPERA	THENS FOR DELI	VERY X		, ,
I hereby certify that I   23a	ATTENDANT'S SIGN	ATURE	(Specify if Av.)	midwife, or other	20-7 V	21 21 212	<del>1</del>
attended the birth of this			Z (Specify tyre.	o, midwife, or other	r)   '	36. DATE SIG	<i>77</i> —
on the date stated above 23c	. ATTENDANT'S ADDRESS		II NOTE 24. SIGNAT	TURE OF AUTHOR	. Ic	S//X	77
at m.			attended by physician	TORE OF AUTHOR	IZED OFFICIAL	1 10	, ITTLE /
25a. BURIAL. CREMA- 25b. DAT	E 25c. NAME	OF CEMETERY	OR CREMATORY	25d. LOCATION (	City, town or a	nanty)	(State)
TION REMOVAL (Specify) Burial May		rest Cem		Coeur D'	Alene,	Ida	
DATE REC'D BY LOCAL REGISTR	AR'S SIGNATURE	2	26. PUNERAL DIRECTO	OR /	ADD	RESS	
5-21-54 Du	rune 1. 10	rush	don Eno	elish	Coeur	D' Alen	.e

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PHS-797(VS)		RECE	1 XED 1945 Revision of	Standard Cortifoat	·) ar	-A- TVI- 1	
4-48 FEDERAL SECUR		NCY MAY 9	ERSS FICATE	OF STILLBIE	;) St PTH I∡	ate File l cal Reg.	No. 620
PUBLIC HEALTH SE	ERVICE		Vital Statisficate of				Vo
1. PLACE OF S	TILLBIR		Altai Statistics.	2 LICUAL DECID	ENCE OF MOTH		
a. COUNTY		mhi		a. STATE Idah	O b. C	COUNTY L	loes mother live?) .emhi
b. CITY (If outside		mite, write RURAL and a	rive township)		erporate limits, write RUR		
OR TOWN	Salm			TOWN Salm		and give o	ON LIBERTY)
c. FULL NAME O HOSPITAL OR INSTITUTION		le memoria	l Hosp.	d. STREET ADDRESS	(If rural, give location	)	* 10,11
3. CHILD'S NA				M			
(Type or Print	:)	D <mark>ebra An</mark> n	Higley				
4. SEX	5a. THIS I		5b. IF T	WIN OR TRIPLET (This	hild born) 6. DATE OF	(Month	n) (Day) (Year)
Female	SINGLE		TRIPLET 1ST	2ND	3RD STILLBIF	<sup>'''</sup> Мау	11, 1954
7. FATHER'S NAME		a. (First)	b. (Midd	•	c. (Last)		8. COLOR OR RACE
	·	Stephen	Henr	y	${ t Higley}$		White
9. AGE (At time of the 39	his birth) YEARS	10. BIRTHPLACE (St.	ate or foreign country)	Farmer	TION 11b.	KIND OF E	BUSINESS OR INDUSTRY
12. MOTHER'S		a. (First)	b. (Midd	le)	c. (Last)		13. COLOR OR RACE
MAIDEN NAME		Arvella			Hanson		White
14. AGE (At time of the	nie birth)	15. BIRTHPLACE (8t	ate or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS	MOTHER (D	o NOT include this child)
36	YEARS	Idaho		a. How many chil- dren are now living?	b. How many child born alive but are now	ren were	c. How many OTHER children were stillborn
17. INFORMANT	Γ			_	5012 02170 503 020 120		(born dead after 20 weeks pregnancy)?
Steak	r. 4.	Tralen		3	0	1	0
18a. LENGTH OF PR NA WEEKS	NCY	WEIGHT AT BIRTH LBS. OZS.	<sup>19</sup> Was a standard Approximate dat	serological test f	or syphilis perfo	rmed?	Yes No
CAUSE OF STIL	LBIRTH	20a. FETAL CAUSES	47.			<del></del>	36.2
State only morbid	conditions	·	Nore				
causing fetal death use such terms as Prematurity, Asphy:	Stillbirth, ria, etc.)	20b MATERNAL CA	USES DA	solution	-01 R	lac	enta
21. STATE ANY CON	PLICATION	OF PREGNANCY A	ND LABOR	22. STATE ALL OPERA	TIONS FOR DELIVERY	· · · · · · · · · · · · · · · · · · ·	7.40
enoting.	sejs-	solver of	placenta	mo.	-E	,	•
I hereby certif attended the birth	of this	23a. ARTENTAN	T'S GNATURE	(Specify if M. I	)., midwife, or other)	2	23b. DATE SIGNED -5
child who was be on the date state		23 ATTENDANTS	ADDRESS	If NOT 24. SIGNAT	TURE OF AUTHORIZED	OFFICIAL	TITLE
at		Jalmon	Luno	physician			
25a. BURIAL, CREI JION, REMOVAL (8po Durial	cify)	DATE 12-54	25c. NAME OF CEMETERY Salmon	OR CREMATORY	25d. LOCATION (City Salmon. I	, town, or on daho	ounty) (State)
DATE REC'D BY LO		STRAR'S SIGNATURE		26. FUNERAL DIRECT			RESS
5-19-54		isla & S	Tohuson	Kenneth	Xlinalo		mon, Idaho
		7/		/	7		

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PHS-797(VS)  4-48  FEDERAL SECURITY AG	FCEIVE	(1949 Revision of	Standard Certificate	e)	State File	No
FEDERAL SECURITY AG	ENCY LIVE	TIFICATE	OF STILLBIF	RTH		No. 3.87
PODEIC HEALTH SERVICE	MAY 26 1954	State of			Reg. Dist.	No. 460
1. PLACE OF STILLE	Haliam of Vital Statio	fina	2. USUAL RESID	ENCE OF MC	THER (Where	e does mother live?)
T 44 T [ ]	- allo		a. STATEL daho	)	b. COUNTRY	in Falls
	e limite, write RURAL and give	township)	c. CITY (If outside co	irporate limite, write In Falls	RURAL and give	o township)
c. FULL NAME OF (If not HOSPITAL OR INSTITUTION 12 g 1	in hospital or institution, give a .c Valley Me	mo. Hosp.	d. STREET ADDRESS	(If rural, give lo	cation)	
3. CHILD'S NAME			···			
((Type or Print)	Infant Gir	l Walker				
4, SEX 5a. THI	S BIRTH	5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DA	E OF (Mon	th) (Day) (Year)
Female   singl		TRIPLET 1ST		3RD T PH	Births,	1954
7. FATHER'S NAME	a. (First)	b. (Midd		c. (Last)		8. COLOR OR RACE
	Thomas	G.	<b>Y</b>	alker		White
9. AGE (At time of this birth) 36	10. BIRTHPLACE (State	or foreign country) daho	Salesman	ION	116. KIND OF Beer	BUSINESS OR INDUSTRY
12. MOTHER'S	a. (First)	b. (Midd	lle)	c. (Last)		13. COLOR OR RACE
MAIDEN NAME	Rose		Astoro	quia		Basque
14. AGE (At time of this birth)	15. BIRTHPLACE (State	or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER (	(Do NOT include this child)
34 YEAR	s Shoshone,	Idaho	a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How many OTHER children were stillborn
17. INFORMANT	6. (					(born dead after 20 weeks pregnancy)?
[. [.] Wal	ier	·	2			
18a. LENGTH OF PREG- NANCY WEEKS	WEIGHT AT BURTH 19	Was a standard Approximate da	serological test f te	or syphilis p	erformed?	Yes No
CAUSE OF STILLBERTS	20a. FETAL CAUSES	2.1	(	tel	in a	earl 5ter 6
State only morbid condition	18	Mayo	(	rely	mi	en Tolalive
causing fetal death (do NO' use such terms as Stillbirth Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUS	<b>5</b> 5	-	<del>-</del>		4000
	1	exem	re f.	regu	amay	50014
21. STATE ANY COMPLICATI	IONS OF PREGNANCY AND	LABOR	22. STATE ALL OPER	ATIONS FOR DEL	IVERY	
January	me fre	grang	1/0	<i>y</i>	<u></u>	200 0455 0101150
I hereby certify that attended the birth of thi		SSIGNATURE	(Specify if M. 1	O., midwife, or oth	er)	23b. DATE SIGNED
child who was born dea	d	Melen				5-14-04
on the date stated abov	e 23c ATTENDANT'S NO	DRESS	If NOT 24. SIGNAT	TURE OF AUTHO	RIZED OFFICIA	L TITI.E
at	Chile	7	physician			
25g. BURIAL, CREMA- 25 TION, REMOVAL (Specify)		c. NAME OF CEMETER		25d. LOCATION		county) (State)
Removal M	ay 14,1954	Hailey Ce	metery/	Haile		
DATE REC'D BY LOCAL REG	EGISTRAR'S SIGNATURE		26. FUNERAL DIRECT	ØR/ .		DDRESS
May 17, 1954 6	minada	woona	1/1/1	Keller	√ ±wi	n Falls, ⊥daho
			-0	,		

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PHS-797(VS) RECEIVE	D1949 Revision of	Standard Certificat	e) <b>S</b>	tate File No	20
FEDERAL SECURITY AGENCY 24 354	CERTIFICATE	OF STILLBIF	RTH F	ocal Reg. No eg. Dist. No	<del>*</del> 0
		Idano			•
1. PLACE OF STILL BLAND OF Vital State a. COUNTY Washington		2. USUAL RESID	egon b	IER (Where does proth COUNTY Bake	or live!)
b. CITY (If outside corporate limits, write RURAL and OR TOWN Weiser,	give township)	CITY (If outside of TOWN Ri	orporate limits, write RUI	RAL and give township)	
c. FULL NAME OF (II not in hospital or institution, grands institution) of the institution weight and the institution of the in		d. STREET ADDRESS Rt	. # 1	n)	
3. CHILD'S NAME ((Type or Print) INFANT	BOY	CHAMB	ERLIN		
4. SEX 5a. THIS BIRTH SINGLE TWIN X	TRIPLET 1ST	WIN OR TRIPLET (This o	hild born) 6. DATE O	RTH Mav 10	Pay) (Year)
7. FATHER'S a. (First)	b. (Midd		c. (Last)		R OR RACE
	Dale	Chamb	erlin	Whi	.te
9. AGE (At time of this birth) 10. BIRTHPLACE (St. 30 YEARS Richlan		11a. USUAL OCCUPAT	TON 11t	KIND OF BUSINES Farming	S OR INDUSTRY
12. MOTHER'S a. (First)	b. (Midd	lle)	c. (Last)	I 13. COLO	OR OR RACE
MAIDEN NAME Edna	Louise	Cram	• •	Whi	
14. AGE (At time of this birth) 15. BIRTHPLACE (Se	tate or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS	MOTHER (Do NOT	nclude this child)
28 YEARS Weiser	, Idaho	a. How many chil- dren are now living?	b. How many child born alive but are no	iren were   c. How ow dead?   children	many OTHER were stillborn ad after 20 weeks
- Lew Daleck	mlerli			pregnance	ey)?
3 2 WEEKS 1 LBS. 2 OZS.	<sup>19</sup> Was a standard Approximate da	serological test t	or syphilis perfo	ormed? Yes	. No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20a. FETAL CAUSES  20a. FETAL CAUSES  20a. FETAL CAUSES  20a. FETAL CAUSES	ental ma	Morma	tioni	نر	6,6
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	USES	0			,
21. STATE ANY COMPLICATIONS OF PREGNANCY A	ND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVER	RY	
I hereby certify that I   23a. ATTENDAN	TASIGNATURE	(Specificanti M. I	o., midwife, or other)	225 547	E SIGNED
attended the birth of this child who was born dead	Lu	1 / M	, midwine, or other)	2) - CO	May 54
on the date stated above at 114D 17m.	ADDRESS	If NOT attended by physician	TURE OF AUTHORIZE	D OFFICIAL	TITLE
25a. BURIAL, CREMA- 25b. DATE	25c. NAME OF CEMETERY Eagle Valle		25d. LOCATION (CIR. Richand,	• • • • • • • • • • • • • • • • • • • •	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		26. FUNERAL DIRECT		ADDRESS	94
5-10-54 Villse Ha	unom.	gwale "	camaro.	e - we	en sou

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PHS-797(VS)	ACCHIVE	O (1949 Revision of	Standard Certificate	e) State File	No
PUBLIC HEALTH SERVICE		SERTIFICATE	Or SINLLDIN		No. 322 No. 370
I. PLACE OF STILL			2. USUAL RESID	ENCE OF MOTHER (When	re does mother live?)
a. COUNTY 4 da			a. STATE	b. COUNTY	ada
b. CITY (If outside corpo	orate limits, write RURAL and	rive township)	c. CITY (If outside of	orporate limits, write RURAL and giv	e township)
TOWN SCIS				015E	
c. FULL NAME OF (III) HOSPITAL OR INSTITUTION ST.	Sukes Hospital or institution, give	White the street address of location)	d. STREET ADDRESS : 2	403 Brun	-h 54.
3. CHILD'S NAME		to be an and the	710-01		
((Type or Print)	Baby Girl	Wheeler			
4. SEX 5a.	THIS BIRTH		WIN OR TRIPLET (This o	child born) 6. DATE OF (Mor	nth) (Day) (Year)
	IGLE TWIN	TRIPLET 1ST	2ND	3RD STILLBIRTH	nc 7 1954
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)	8. COLOR OR RACE
NAME	Fire.			lineoler	white
9. AGE (At time of this birt	b) 10. BURTHPLACE (Se	ate or foreign country)	11a. USUAL OCCUPAT		F BUSINESS OR INDUSTRY
31 YE	ARS OLIC		habere	r	
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)	13. COLOR OR RACE
NAME	ria	}/10	rie	Bentley	White
14. AGE (At time of this birt	h) 15. BIRTHPLACE (St	ate or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO THIS MOTHER	(Do NOT include this child)
	ARS Linguis	19	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	J	1			(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREG.	ler- mother		14	0	· )
18a. EENGTH OF PREGNANCY NANCY WEEKS	18b. WEIGHT AT BIRTH  LBS. OZS.	<sup>19</sup> Was a standard Approximate da		for syphilis performed?	Yes No
CAUSE OF STILLBIR State only morbid condi	tions	amuel r	wh a	Knot berdy	uns blerker
causing fetal death (do I	irth, 20b. MATERNAL CA	USES		John Journey	- Comment
Prematurity, Asphyxia, et	(c.)	ne		-	0 36,0
21. STATE ANY COMPLIC	ATIONS OF PREGNANCY A	ND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
Ekileb	RU		200	le	
I hereby certify the attended the birth of child who was born d	thi <b>d</b>	T'S SIGNATURE	Curl (Specify it M. I	nustu MD	23b. DATE SIGNED
on the date stated at		7 1	If NOT 24. SIGNA attended by physician	TURE OF ANTHORIZED OFFICIA	AL TITLE
2P. BURIAL, CREMA- N. REMOVAL (Specify)	25b. DATE	25c. NAME OF CHMETER	OR CREMATORY	25d. LOCATION (City, town, or	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	Lac	26. FUNELAK DINECT	The later 2 A	DORES
10-0-24	rugue	iumen		III JAMAN, MIN	10100

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PHS-797(VS)	RE	CEIV	ED(1949 Rev	ision of	Standard Certific	ate)	State F	ile No	<u>(</u>	<u>)</u>
	RITY AGE	19KI 1 5 10	54 CERTIFIC	ATE	OF STILLB	IRTH	Local F	leg. No	22,	<u>P</u>
			·	tate of	Idaho		Reg. Di	ist. No	3.70	
1. PLACE OF S	TILLET	Phot Vital	Statistics		2. USUAL RES	IDENCE C	F MOTHER (V	Vhere does mo	ther live?)	
a. COUNTY	Ada				a. STATE	aho	b. COUNT	Ada		
b. CITY (If outsid		mite, write RURA	L and give township)		c. CITY (If outsid		its, write RURAL and		p)	
TOWN ( Td.	aho)	Boise			OR TOWN		Boise			
	F (If not in	hospital or institut	ion, give street address or l	ocation)	d. STREET ADDRESS	(If rura	l, give location)			
INSTITUTION		Lukes			ADDRESS	1716	Michigan			
3. CHILD'S NA	ME									
(Type or Prin	τ)	Baby	Воу	]	Pecora					
4. SEX	5a. THIS	BIRTH		5b. IF T	WIN OR TRIPLET (T	is child born)	6. DATE OF (N	Month)	(Day)	(Year)
mele	SINGLE	TWIN	TRIPLET .	1ST [	2ND	3RD	SHLLBIRIH	6	10	5 <b>4</b>
7. FATHER'S NAME		a. (First)		b. (Midd	le)	c. (	Last)	8. COL	OR OR	RACE
		Stua	rt	6.	Pe	cora		1	whi te	•
9. AGE (At time of the	his birth)		CE (State or foreign count	ry)	11a. USUAL OCCU	PATION	11b. KIND	OF BUSINE	ESS OR I	NDUSTRY
40	YEARS	George.	Idah o		Mgr. Body	Repair	Shop	Automo	tive	
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	le)	c. (	Last)	13. CO	LOR OR	RACE
NAME		Delor		Isabe		Mace			whit	
14. AGE (At time of the	bis birth)	15. BIRTHPLA	CE (State or foreign count	ry)			RN TO THIS MOTH	<del></del>		
38	YEARS	Eagle	Idaho		a. How many ch dren are now livin	u-   D. How g?   born aliv	many children w e but are now dead	l?   childre	n were	OTHER stillborn
17. INFORMAN	[-f-]	$ \mathcal{D}_{\mathcal{A}} $			2		none	pregna	ncy)?	20 weeks
Silia	21 (2	2- (10	go a			<u> </u>				one
18a. LENGTH OF PI		WEIGHT AT BIF	was a su	andard	serological tes	t for syph	ilis performed	i? Yes	I	Vo
WEEKS	s l a	LBS. 8 (	<u> </u>	nate da	<u>.                                    </u>				30	
CAUSE OF STIL		Ma. PEINE CA		_				ب ۔	39.	6
causing fetal death	(do NOT	20b. MATERNA		unk	nown					
Prematurity, Asphy		LOD, MITTELLITY	ne ondoes							
21. STATE ANY COI	MPLICATION	S OF PREGNAM	NCY AND LABOR	<del> </del>	22. STATE ALL OP	ERATIONS FO	OR DELIVERY			
I hereby certij	fu that I	23a, ATZPEN	DANT'S SIGNAT	UREA.	(Specifysif I	f. D., midwij	e, or other)	23b. D	ATE SIGI	NED .
attended the birt	h of this	Alo	much	11	shell		260	1	11	1/50
child who was be on the date state		23c. ATTENDA	NT'S ADDRESS			NATURE OF	AUTHORIZED OFF	ICIAL /	/	TITLE
at 10:20	Am.	14	oise -	da_	attended by physician					
25a. BURIAL, CRE	M A- 25b.	DATE	25c. NAME OF	CEMETER	OR CREMATORY	25d. LOC	ATION (Cit), town	, or county)		(State)
TION, REMOVAL (8pd		/12/54	St Luke	в Но	spital	1/7	Boise		Ide	ho
DATE REC'D BY LO	CAL REG	ISTRÁR'S SIGN			26. FUNERAL DIRE		1	ADDRESS		
6-14-54	REG. 7	Rentle	e Talm	ex	Lungal	1/121	1220	_318_1	N. Io	tah_
		7			ישע ושם	MORTU	Apv	Rain	T .	aho.
					RULIEI	THOUTO	EUT ( )	D018	e, Id	allo

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			4 W	
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## epision of Standard Certificate) PHS-797(VS) State File No..... JUNCERTHACATE OF STILLBIRTH FEDERAL SECURITY AGENCY Local Reg. No. 2.4. PUBLIC HEALTH SERVICE Reg. Dist. No. 3.70 Division of Vital Statistics of Idaho 1. PLACE OF STILLBIRTH 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. COUNTY a. STATE b. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TOWN c. FULL NAME OF (If not in hospital d. STREET (If rural, give location) ADDRESS INSTITUTION 3. CHILD'S NAME ((Type or Print) 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (The thild born) 4. SEX 6. DATE OF (Day) (Month) (Year) STILLBIRTH SINGLE -2) TRIPLET 1ST 2ND 3RD 7. FATHER'S b. (Middle) a. (First) 8. COLOR OR RACE c. (Last) NAME M ate 10. BIRTHPLACE 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY 9. AGE (At time of this birth) (State\_or foreign country) YEARS 13. COLOR OR RACE 12. MOTHER'S a. (First) (Middle) c. (Last) MAIDEN NAME 1 az 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 14. AGE (At time of this birth) a. How many chilc. How many OTHER b. How many children were **YEARS** dren are now living? born alive but are now dead? children were stillborn (born dead after 20 weeks 17. INFORMANT pregnancy)? 5 18b. WEIGHT AT BIRTH 18a. LENGTH OF PREG-19 Was a standard serological test for syphilis performed? Yes..... No. NANCY Approximate date LBS. //. OZS. WEEKS 20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSES 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY (Specify if M. D., midwife, or other) 23b. DATE SIGNED I hereby certify that I attended the birth of this child who was born dead II NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE on the date stated above attended by physician 25a. BURIAL, CREMA-TION, REMOVAL (Specify) 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (State) 25b. DATE

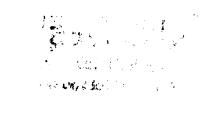
FUNERAL DIRECTOR

ADDRESS

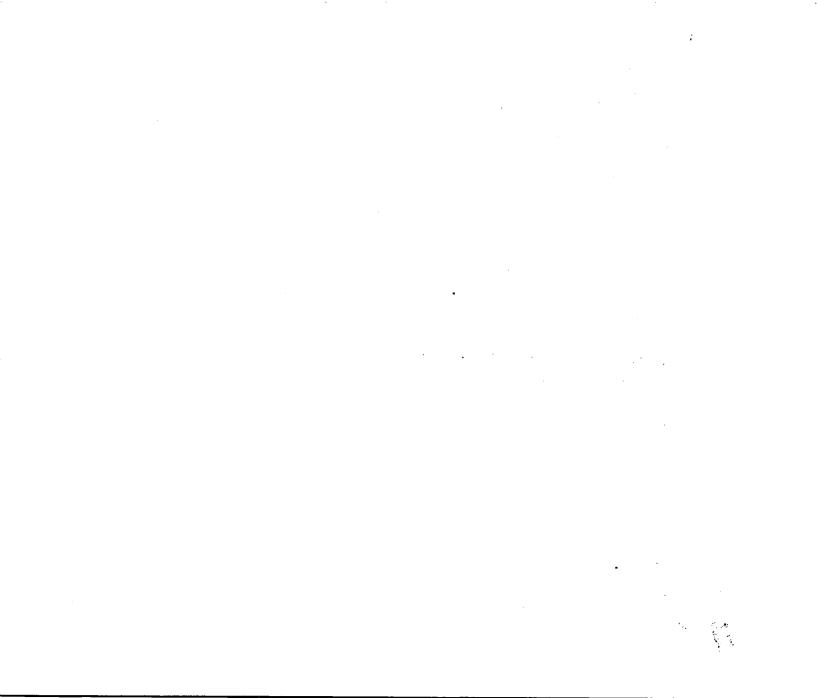
DATE REC'D BY LOCAL

REG.

REGISTRAR'S SIGNATURE



PHS-797(VS) -4-48	R	FCFI	VE	# \$949 Rei	vision of	Standard Certifica	te)		State File	No		
*4-48 FEDERAL SECUR PUBLIC HEALTH SE	ITY AGE		•		CATE	OF STILLBIRTH Local			Local Reg			\$
		JUL 29	195	4 :	State of	i Idaho		ž.	Reg. Dist.	No	51	<u>/</u>
1. PLACE OF S	TILL	ision of Vil	tal Sta	atistics		2. USUAL RESI	DENCE C	OF MC	OTHER (Where	does moti	er live?	<del></del>
a. COUNTY	Валио	cik				a. STATE	daho		b. COUNTY			
b. CITY (If outside OR			AL and	rive township)		c. CITY (If outside		ite, write	RURAL and give		BOC	<u>K</u>
TOWN	Pocat	ella				I TOWN -	catel					*
c. FULL NAME OF	F (If not in	hospital or institu	ition, giv	e street address or	location)	d. STREET		l, give lo	ocation)	· · · · · · · · · · · · · · · · · · ·		
INSTITUTION	Banno	ck Memor	rial	Hospita	1	ADDRESS R	oute #	2. 1	North			
3. CHILD'S NA	ME						<u></u>					
(Type or Print	,			BABY BOY	BATT	ERTON						
4. SEX	5a. THIS	BIRTH			.5b. IF T	WIN OR TRIPLET (This	child born)	6. DA	TE OF (Mon	th) (I	Эау)	(Year)
Male	SINGLE .	TWIN		TRIPLET	1ST	2ND	3RD	STI	LLBIRTH Jun	e 9	) .	1951
7. FATHER'S NAME		a. (First)			b. (Midd	lle)	c. (	Last)		8. COLC	R OR	RACE
		Floyd	i		Lewi	S	Batt	erto	o <b>n</b>	To To	hit	
9. AGE (At time of the	is birth)	10. BIRTHPLA	ACE (St	ate or foreign coun	try)	11a. USUAL OCCUPA			11b. KIND OF			
32	YEARS	King Ci	ty.	Mo.		Plant work	cer		Cream	Ton	Dai :	m
12. MOTHER'S MAIDEN		a. (First)			b. (Midd			Last)		13. COL		
NAME		Dorot	hy				J	ensc	) <b>)</b>	To	hit	
14. AGE (At time of the	is birth)	15. BIRTHPLA	ACE (St	ate or foreign coun	try)	16. CHILDREN PREV						
23	YEARS	Idaho	Fal	ls. Idah	Q	a. How many chil- dren are now living?	b. How	many	children were	c. How	many	OTHER stillborn
17. INFORMANT						and and and make	2000	o bat a	TO HOW GOOD!	(born de pregnan	ad after	r 20 weeks
Doroth		terton				One		No	nae		one.	
18a. LENGTH OF PRI		WEIGHT AT BI	RTH	19 Was a st	andard	serological pest	for syph	ilis p	erformed?	Yes	<b>x</b> ì	Vo
40 WEEKS		LBS.	ozs.	Approxi	nate da	te 📆	(B54	٠, ٠				
CAUSE OF STILL	BIRTH	20a. FETAL C	AUSES	1.		700-1		, ,				716
State only morbid c causing fetal death (	onditions (do NOT			100	e a	Marent	<u> </u>					,
causing fetal death ( use such terms as & Prematurity, Asphyx	Stillbirth, is, etc.)	20b. MATERN	IAL CAU	JSES /		11						
				<u> </u>	rul	affrance						
21. STATE ANY COM	PLICATION	NS OF PREGNA	NCY A	ND LABOR	_	22. STATE ALL OPER	ATIONS FO	OR DEL	IVERY			
	411	HULL		·			wu	l!				
I hereby certify attended the birth		23a. ATTEN	IDAN'	T'S SIGNAT		<b>அந்துக்</b> ய м.	D., microife	, or oth	m()	23b. DA7	E SIGN	NED
child who was bor	rn dead			···	40	A. Will	4	LL	$\rightarrow$ , $\mid$	4-	14-	541
on the date stated at 4:04 P.	d above	23c/ATTEND	VOL!	DDRESS A	1.	If NOT 24. SIGNA	TURE OF	OHTU	RIZED OFFICIAL	-		TITLE
~	m.	LI HA		0,200	<b>(40)</b>	physician	<del> </del>		<del></del>			
25a. BURIAL, CREM TION, REMOVAL (8 poor	1A-   25b.	DATE				OR CREMATORY			(City, town, or	ounty)		(State)
Burial		ne 17,19		Idaho F	alls		·	10 F	alls			Idaho
DATE REC'D BY LOC IIII 1 9 1954 <sup>RE</sup>	AL REG	ISTRAR'S SIGN	ATURE	(1) 00	2.	26. UNDICAL DIRECT	OR		749	ESS	)	+111
IUL 1 9 1954 A	16	va	Y/	. Wall	in	Low	W/	42	LAND	ro	LA	Idlo
			•									



PHS-797(VS) RECEIVED Revision of	Standard Certificate)	State File N	٠٠. <u>٢٠٠٠</u>
FEDERAL SECURITY AGENCY HIN 9 CERTIFICATE	OF STILLBIRTH		No
Didle of	i Idaho	Reg. Dist. N	10
1. PLACE OF STHEBIRTH LANGE Statistics a. COUNTY LANGE LANGE	2. USUAL RESIDENCE C	F MOTHER (Where d	loes mother live?)
b. CITY (It outside corporate limits, write RURAL and give ownship) OR TOWN ON	c. CITY (If outside corporate limit OR TOWN	te, write RUBAL and give to	Mahr
c. FULL NAME OF city in hospital or destitution, give street address or location) HOSPITAL OR INSTITUTION	d. STREET ADDRESS DE 24	dams	
3. CHILD'S NAME (Type or Print) Baby Suma			
4. SPX 5a. THIS BIRTH 7b. IF T	FWIN OR TRIPLET (This child born)  2ND 3RD 3	6. DATE OF (Month STILLBIRTH)	(Day) (Year)
7. FATHER'S (First) (F		Last)	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) YEARS TOWNSLOW MANN.	11a. USUAL OCCUPATION	11b. KIND OF E	BUSINESS OR INDUSTRY
12. MOTHER'S (First) b. (Mide NAME )	dle) C. (	Lifet)	13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) YEARS WILLIAM SALANO	a. How many chilbon aliving? born aliv	many children were	o NOT include this child) c. How many OTHER children were stillborn
Trusta & Riela	3 74	7	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY NANCY LBS. OZS. Approximate da	serological test for syphite	ilis performed?	Yes No
CAUSE OF STILLBIRTH State only mobile conditions control of the conditions of the co	tosis Cotalis		39,2
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyria, etc.)	tibility		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FO	OR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead	(Specify if M. D., midwif	e, or other)	23b. DATE SIGNED
on the date stated above at 4,50 m. Mowhere	IVNOT attended by physician	AUTHORIZED OFFICIAL	TITLE
258, BURIAL, CREMA- TERA REMOVAL (Brooks)  LALL 1954  OUTSILE	ry or crematory 25d. LOC remeters 11	ATION (City, town, or o	ounty) (State)
DATE REC'D BY LOCAL REGISTRATE SIGNATURE	26 FUNERAL DIRECTOR	we Non	Diess John Soloho
	1 100		•

KECEIVED		<b>~</b> ,	and a supplied in the
PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY UL 7 - 19549 Revision PUBLIC HEALTH SERVICE D. 19549 Revision	of Standard Certificat	e) State Fil	le No.
FEDERAL SECURITY AGENCY UL 7 - GERTIFICATI	OF STILLBU	RTH Local Re	g. No. 26.5
	of Idaho	Reg. Dis	t. No. 640
1. PLACE OF STILLBIRTH	2. USUAL RESID	DENCE OF MOTHER (Who	ere does mother live?)
a. COUNTY Bingham	a. STATE Idah	L COUNTY	Bingham
b. CITY (If outside corporate limits, write RURAL and give township)		orporate limits, write RURAL and gi	DATISTICAL
or TOWN Blackfoot	UK	kfoot	ve township)
C. FULL NAME OF (If not in bosnital or institution, give street address or level-			
HOSPITAL OR INSTITUTION Bingham Memorial Hospital	II ADDRESS _	(If rural, give location)	
3. CHILD'S NAME	ıı not	rte #3	
!(Tupe or Print)			
Not Named  4. SEX   5a. THIS BIRTH   5b. 1			
1.00.1	F TWIN OR TRIPLET (This	child born) 6. DATE OF (Mo	nth) (Day) (Year)
Male   SINGLE X TWIN TRIPLET   1ST		3RD June	<u> 26. 1954</u>
7. FATHER'S a. (First) b. (M	iddle)	c. (Last)	8. COLOR OR RACE
Albert Le	Roy	Saxton	White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPA		F BUSINESS OR INDUSTRY
24 YEARS Pocatello, Idaho	Farming		
12. MOTHER'S a. (First) b. (M		c. (Last)	13. COLOR OR RACE
	ο <del>ν</del>	Penrod	White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	<u></u>	OUSLY BORN TO THIS MOTHER	1
20 YEARS Grace, Idaho	a. How many chil-	b. How many children were born alive but are now dead?	C HOW MANY OTHER
17. INFORMANAT	dren are now living?	born alive but are now dead?	
allet I South	One	None	(born dead after 20 weeks pregnancy)? None
18a. LENGTH OF PREG-   18b. WEIGHT AT BIRTH   19 Tros a standar		<u> </u>	Monte
NANCY Was a standar	d serological test i	or syphilis performed?	Yes No
20. ECTAL CAUCES	late October		
CAUSE OF STILLBIRTH	01.	)	سى دع رقى
State only morbid conditions causing fetal death (do NOT	delivery		
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)			
OL STATE ANY COMMISSIONS OF TRANSPORT	<u>_</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. I	O., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	cher	ma	June 30, 195h
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT   24. SIGNA	TURE OF AUTHORIZED OFFICIA	
ut 1:115 A. m.   Blackfoot, Idaho	attended by physician		
5a, BURIAL, CREMA- TION, REMOVAL (Specify) 25b. DATE 25c. NAME OF CEMETE	RY OR CREMATORY	25d. LOCATION (City, town, or	r county) (State)
Cremation June 26th Bingham Mem	orial Hospita	1 Blackfoot	Tdaha
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT		DDRESS
use 30 1990 Mollestin & later	(Acting)		
and the first warmen of deline	21 100 101	un un un	Blackfoot

varia.

PHS-797(VS)		VED				
4-48	111N 1 A	154949 Revision of	Standard Certificate	)	State File No	
FEDERAL SECURITY A	SENCY JUNE 4	CERTIFICATE	OF STILLBIR	TH	Local Reg. N	o. #
PUBLIC HEALTH SERVICE	Division of Vi	tal Statisticstate of	Idaho		Reg. Dist. No	110
		Sidle of				
I. PLACE OF STILLE	IRTH		2. USUAL RESID			e mother live?)
a. COUNTY Bon	ner		a. STATE Ida	aho t	. COUNTY	Bonner
b. CITY (If outside corpore	te limite, write RURAL and a	rive township)	c. CiTY (If outside co		ITPAT, and give tow	
OR .	point	,,,	OR	_	CICAL AND BIVE TOW	15th ()
	<u> </u>			agle	<u>.</u>	
HOSPITAL OF	in hospital or institution, giv		d. STREET ADDRESS	(If rural, give locat	ion)	
INSTITUTION Bon	ner General	L Hospital	Rou	te #1		
3. CHILD'S NAME						
((Type or Print)	SHEILA MAE	2	LAWR ENC E			
<del></del>	IS BIRTH	<del></del>	WIN OR TRIPLET (This of	nu le DATE	OF (Manual)	(Dem) (Man)
			WIN OK IKIFLEI (1886)	nild born) 6. DATE	OF (Month)	(Day) (Year) 7 10514
	LE X TWIN	TRIPLET 1ST	2ND	RD 🔲	June	1 1954
7. FATHER'S NAME	a. (First)	b. (Midd	ile)	c. (Last)	8.	COLOR OR RACE
MAME	EDGAR	HE	MRY	LAWR EN	CE	White
9, AGE (At time of this birth)	10. BIRTHPLACE (St.	ate or foreign country)	11a. USUAL OCCUPAT			SINESS OR INDUSTRY
77	10 Dal			ock mine		ning
YEA	a. (First)					COLOR OR RACE
12. MOTHER'S MAIDEN	, ,	b. (Midd		c. (Last)		
NAME	CHARLENE		AE	SHOOP	MAN	White
14. AGE (At time of this birth)	15. BIRTHPLACE (8t	ate or foreign country)		USLY BORN TO TH	IS MOTHER (Do	NOT include this child)
<b>30</b> yea	RS Nebraska		a. How many chil- dren are now living?	b. How many ch	ildren were c.	How many OTHER
17. INFORMANT			dien are now name.	DOIN MIVE DUCKE	(b	ildren were stillborn orn dead after 20 weeks
en - 2/	$\mathcal{Q}$	_	6	0	pr	egnancy)?
Cayar n	damen	<u> </u>	<u> </u>			
18a. LENGTH OF PREG-	8b. WEIGHT AT BIRTH	<sup>19</sup> Was a standard	serological test f	or syphilis per	rformed? Ye	No
4/ WEEKS	/ LBS. / 4 OZS.	Approximate da	te 3/2	23/52/		
CAUSE OF STILLBIRT	H 20a. FETAL CAUSES				0	1739.4
State only morbid conditie	ns Unk	nowN	Maci	patad	-lact	25
causing fetal death (do No use such terms as Stillbir	b. 20b. MATERNAL CA		( ) 2007	K 4 1 C 61	000	
l 1190 911ch ferms 89 SELLIDIF						
Prematurity, Asphyxia, etc.		nowal				
Prematurity, Asphyxia, etc.	un K.	n ow N	LOO CTATE ALL OPEN	TIONS FOR RELIE		
Prematurity, Asphyxia, etc.  21. STATE ANY COMPLICA	un K.		22. STATE ALL OPERA	ATIONS FOR DELIV	. /. 🖈	
Prematurity, Asphyxia, etc.	un K.		22. STATE ALL OPERA	TIONS FOR DELIV	al retai	ne d placen
21. STATE ANY COMPLICA	TIONS OF PREGNANCY A		Manua,	/	al retai	ine of placen
21. STATE ANY COMPLICA  I hereby certify that attended the cirth of the	TIONS OF PREGNANCY A	IND LABOR	Manua,	remove	al retai	ine de placen b. DATE SIGNED le 1915 U
21. STATE ANY COMPLICATION IN THE PROPERTY OF	TIONS OF PREGNANCY A  I 23a. ATTENDAN is ad	IND LABOR	(Specify is M. I	Memoria D., midwife, or other M.D.	)   retai	ine of placen b. DATE STENED 6/9/54
21. STATE ANY COMPLICATION OF THE PROPERTY OF	I 23a. ATTENDAM is ad ve 23c. ATTENDANT'S	IND LABOR	(Specify If M. I)  (Specify If M. I)  (Specify If M. I)  (Specify If M. I)  (Specify If M. I)  (Specify If M. I)	remove	)   retai	ine of place on b. Date stone of the stone o
21. STATE ANY COMPLICATION OF THE PROPERTY COMPLICATION OF THE PROPERTY AS A STATE OF THE PROPERTY OF THE PROP	I 23a. ATTENDAM is ad 23c. ATTENDANT'S	IT'S SIGNATURE  ADDRESS  MALL  ADDRESS	(Specify if M. I) (Specify if	Meyer Of Authori	zed Official	6/9/54 TITLE
21. STATE ANY COMPLICATION OF THE PROPERTY COMPLICATION OF THE PROPERTY AS A STATE OF THE PROPERTY OF THE PROP	I 23a. ATTENDAM is ad 23c. ATTENDANT'S USb. DATE	ADDRESS  25c. NAME OF CEMETER	(Specify if M. I) (Specify if	Meyword, or other Market of Authori	ZED OFFICIAL	TITLE  nty) (State)
I hereby certify that attended the birth of the child who was born de on the date stated about 1528. BURIAL, CREMATION, REMOVAL, Especify)	I 23a. ATTENDAM is ad 23c. ATTENDANT'S	ADDRESS  25c. NAME OF CEMETER	(Specify if M. I) (Specify if	Meyer Of Authori	ZED OFFICIAL	6/9/54 TITLE
I hereby certify that attended the birth of the control of the date stated about the date. Burial, CREMATION REMOVAL (Specify) Burial	I 23a. ATTENDAM is ad 23c. ATTENDANT'S USb. DATE	ADDRESS 25c. NAME OF CEMETER PINCOTES	(Specify if M. I) (Specify if	Meyword, or other Market of Authori	ZED OFFICIAL	nty) (State) Idaho
I hereby certify that attended the birth of the child who was born de on the date stated about 125a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	I 23a. ATTENDAN  is aid 23c. ATTENDAN'S 23c. ATTENDAN'S 25b. DATE  une 11,195	ADDRESS 25c. NAME OF CEMETER PINCOTES	(Specify if M. I) (Specify if	Meyword, or other Market of Authori	ZED OFFICIAL  City, town, or countint  ADDR	nty) (State) Idaho
I hereby certify that attended the birth of the child who was born de on the date stated about 125a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	I 23a. ATTENDAN  is aid 23c. ATTENDAN'S 23c. ATTENDAN'S 25b. DATE  une 11,195	ADDRESS 25c. NAME OF CEMETER PINCOTES	(Specify if M. I) (Specify if	Meyword, or other Market of Authori	ZED OFFICIAL  City, town, or countint  ADDR	nty) (State) Idaho

PHS-797(VS) (1949 Revision of	Standard Certificate) State File No.	1 .1
PHS-797(VS)  4-48 FEDERAL SECURITY AGENCY UL 12 1958RTIFICATE	OF STILLBIRTH Local Reg. No. 13	6
PUBLIC HEALTH SERVICE		
of vital Statistics		
1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live!)	
a. COUNTY Bonnaville	a. STATE Idaho b. COUNTY Bonnavi	lle
b. CITY (If outside corporate limits, write RURAL and give township)	c. CITY (If outside corporate limits, write RURAL and give township)	
town Idaho Falls.	Town Talaha Talaha (CON	
c. FULL NAME OF (If not in hospital or institution, give street address or location)	d. STREET (If rural, give location)	······································
HOSPITAL OR INSTITUTION L.D.S. Hospital	ADDRESS PO But 58	
3 CHILD'S NAME		
(Type or Print) ROGER JOHN		
4. SEX 5a! THIS BIRTH 5b. IF T	WIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day)  2ND 3RD May	(Year)
Male SINGLE X TWIN TRIPLET ST	2ND 3RD May	1954
7. FATHER'S a. (First) b. (Midd		RACE
Clean L.	Johnson Whit	
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR I	NDUSTRY
31 YEARS JOANO	DROCEY	
12. MOTHER'S a. (First) b. (Midd MAIDEN	ile) c. (Last) 13. COLOR OR	RACE
NAME LORNA	JOHNSON W	
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include	<u></u>
26 YEARS /AANS	a. How many children were c. How many children were children were children were	stillborn
17. INFORMANT	(born dead after	
Johnno.	2 / No	Ne
18a. LENGTH OF PREG-   18b. WEIGHT AT BIRTH   19 Was a standard	serological test for syphilis performed? Yes	Noo
NANCY WEEKS LBS. OZS. Approximate da		. '
200 FETAL CAUSES		
		2.3
CAUSE OF STILLBIRTH State only morbid conditions		2.3
State only morbid conditions causing fetal death (do NOT	40-	2,3
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES  Termaturity	e Delivery -	2,3
State only morbid conditions causing fetal death (do NOT	e delivery -  22. STATE ALL OPERATIONS FOR DELIVERY	2,3
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES  Zeneral 20c. MATE		2,3
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyria, etc.)  20b. MATERNAL CAUSES  rematur  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  Blampsed & Regnancy	22. STATE ALL OPERATIONS FOR DELIVERY	NED
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR    Science   Company   Compa	22. STATE ALL OPERATIONS FOR DELIVERY	NED Y
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyria, etc.)  20b. MATERNAL CAUSES  Zeneral 20b. MATE	22. STATE ALL OPERATIONS FOR DELIVERY  None  (Specify if M. D., midwife, or other)    All M. J.	NED TITLE
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I hereby certify that I attended the birth of this child who was born dead on the date stated above  23c. ATTENDANT'S ADDRESS	22. STATE ALL OPERATIONS FOR DELIVERY  None  (Specify if M. D., midwife, or other)  [23b. BATE SIE  [24]	54
Btate only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I hereby certify that I attended the birth of this child who was born dead on the date stated above at	22. STATE ALL OPERATIONS FOR DELIVERY  None  (Specify if M. D., midwife, or other)    Lall, M. J.   Lall, M. J.   Lall, M. J.     If NOT   24. SIGNATURE OF AUTHORIZED OFFICIAL   physician	54
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I hereby certify that I attended the birth of this child who was born dead on the date stated above at	22. STATE ALL OPERATIONS FOR DELIVERY  None  (Specify if M. D., midwife, or other)  23b. BATE SIE  Lall, M. J.  If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL attended by physician  EY OR CREMATORY 25d. LOCATION (City, town, or county)	TÍTLE
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyria, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I hereby certify that I attended the birth of this child who was born dead on the date stated above at	22. STATE ALL OPERATIONS FOR DELIVERY  (Specify if M. D., midwife, or other)  (All, M. J.  If NOT attended by physician  (Y OR CREMATORY 25d. LOCATION (City, town, or county)  Shelley, Bingham,	TITLE (State)
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyria, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I hereby certify that I attended the birth of this child who was born dead on the date stated above at	22. STATE ALL OPERATIONS FOR DELIVERY  (Specify if M. D., midwife, or other)  (Specify if M. D.,	TITLE (State)
Btate only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I hereby certify that I attended the birth of this child who was born dead on the date stated above at	22. STATE ALL OPERATIONS FOR DELIVERY  (Specify if M. D., midwife, or other)  (All, M. J.  If NOT attended by physician  (Y OR CREMATORY 25d. LOCATION (City, town, or county)  Shelley, Bingham,	TITLE (State)

the state of the s ₹s to the transfer of  $\chi \sim \chi_{\infty}$ and Kerseller in the second 

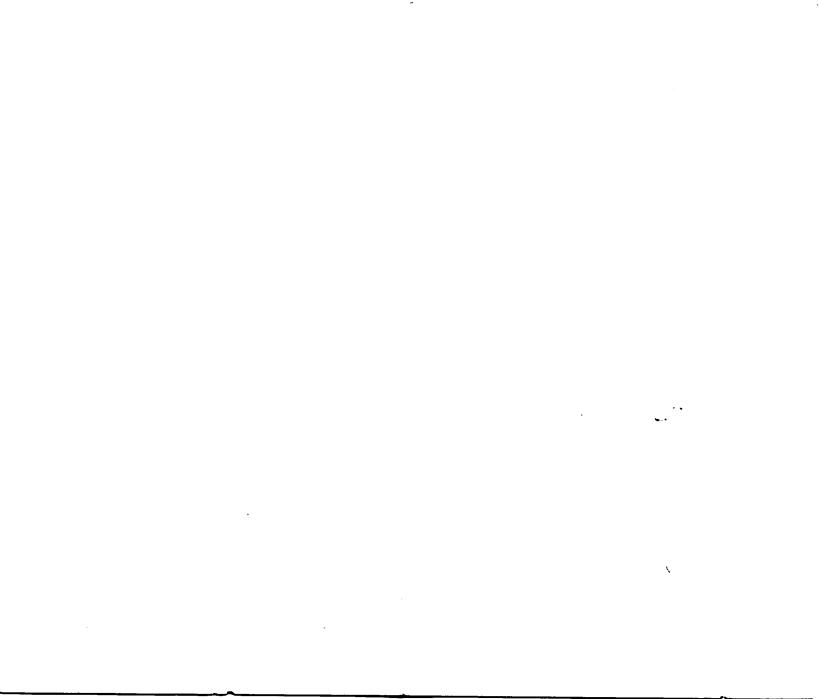
	_RE	CEIVE			tandard Certificate DF STILLBIF		-	
PHS-797(VS)		HIN 20 105	1949 Revision	n of S	tandard Certificate	)	State File	ΝοΔΔ.Δ
4-48 FEDERAL SECUR	HYTAGEN	1954	ERTIFICAT	TÉ C	F STILLBIR	тн	Local Reg	/ 5 - / 1 1 1 1
PUBLIC HEALTH SE	ERVI <b>GET VI</b> S	JUN 28 1954 lon of Vital Stat	istics Stat	te of l	tandard Certificate DF STILLBIF Id <b>aho</b>		Reg. Dist.	No. 61.0
1. PLACE OF S					2. USUAL RESID	ENCE OF MO		does mother live?)
a. COUNTY		neville			a. STATE Idah		b. COUNTY	Bonneville
OR		nite, write RURAL and	rive township)	l	C. CITY (If outside so OR	. – – –		township)
TOWN		Falls				ho Fall		
c. FULL NAME O HOSPITAL OR INSTITUTION	Sacre	ospital or institution, gived Heart	e street address or locati Hospital	ion)	d. STREET ADDRESS	(If rural, give to	· · · · · · · · ·	
3. CHILD'S NA			_					
[( Type or Print	t)	Pan	ola	Ha	rris			
4. SEX	5a. THIS I	BIRTH	.55	. IF TW	IN OR TRIPLET (This c	hild born) 6. DA	TE OF (Mon-	h) (Day) (Year)
Female	SINGLE	TW:N	TRIPLET 1	IST 🗔	2ND	3RD	June	3, 1954
7. FATHER'S NAME		a. (First)	'	(Middle	•	c. (Last)		8. COLOR OR RACE
	(	<u>uintin</u>	Al:	ldre	edge	H.r	ris	White
9. AGE (At time of the	hie birth)	10. BIRTH ACE (Se	ate or foreign country)		11a. USUAL OCCUPAT			BUSINESS OR INDUSTRY
34	YEARS	Idaho			off.Mangr.	•	Farm	Equipment
12. MOTHER'S MAIDEN		a. (First)	b. (	(Middle	9)	c. (Last)		13. COLOR OR RACE
NAME		Carma				Hansen		White
14. AGE (At time of the	his birth)	15. BIRTHPLACE (8)	ate or foreign country)	1-		DUSLY BORN TO	THIS MOTHER (	Do NOT include this child)
28	YEARS	Idaho			a. How many chil- dren are now living?	b. How many born alive but a	children were are now dead?	c. How many OTHER children were stillborn
17. INFORMAN	T L	G. 24	, ~~~~		2	•		(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PI		WEIGHT AT BIRTH	19.Was a stand	dard s	erological test f	or syphilis r	erformed?	YesNo
WEEKS	INCY	LBS. 7克 ozs.	Approximate	e date	).	F		
CAUSE OF STIL	LBIRTH	20a. FETAL CAUSES	•					36,5
State only morbid	conditions	Mr	u euden	Ż .				
causing fetal death use such terms as Prematurity, Asphy	Stillbirth,	20b. MATERNAL CA	USES	•	Λ .			
гишацину, Азриу	III, etc.)	Yla	central in	Jar	X			
21. STATE ANY CO	MPLICATION	IS OF PREGNANCY A	ND LABOR	1	22. STATE ALL OPER/	ATIONS FOR DEL	LIVERY	
I hereby certij	fy that I	23a. ATTENDA	TOSIGNATUR	RΕ	(Specify if M. I	)., midwife, or ot	her)	23b. DATE SIGNED
attended the birt	h of this	,	Haun					
child who was be on the date stat		23c. ATTENDANT'S	ADDRESS		II NOT   24. SIGNA	TURE OF AUTHO	RIZED OFFICIA	L TITLE
at	m.		J .		ttended by physician			
25a. BURIAL, CRE TION, REMOVAL (8p. BUTIAL	M A- 25b. ecify) 6	DATE /4/54	25c. NAME OF CEM. Grant-Ce		<b>A</b>	25d. LOCATION	(City, twn, or	= ·
DATE REC'D BY LO	CAL REG	STRAR'S SIGNATUR	E 0 · 4		26 TONERAL OREC	#4 W (A)		DRESS
June 23-	reg. 19 <b>5</b> 74	Llma	Budgas	يح	Jack A W	ood, Jr.	Idah	Falls, Idaho
<i>J</i>	<del></del>		$\overline{}$		7		V	<del>-</del>

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PHS-797(VS)	F	KECEIV	E.D. Pavision	. of	Standard Continent	٠,	G4-4-1991-		<b>a</b> :
4-48 IIIN 0 4 40 5						State File	• // /	j	
PUBLIC HEALTH SERVICE 7:						Local Reg Reg. Dist.		<u></u>	
		ivision of Vital S	tatistics State	9 OI	Idaho		reg. Dist.	140	**********
1. PLACE OF S	TILLBIF	₹TH		`	2. USUAL RESID		THER (Where	e does mother live?)	
a. COUNTY	Canyo	n			a. STATE Idah	10	b. COUNTY C	anyon	
	e corporate l	imite, write RURAL and gi	ve township)		c. CiTY (If outside co	orporate limits, write	RURAL and give	township)	
TOWN C	aldwel	.1	**			lwell			
c. FULL NAME C	c. FULL NAME OF (If not in hospital or institution, give street address or location)  d. STREET (If rural, give location)								
HOSPITAL OR INSTITUTION	Caldw	rell Memoria	l Hospital		ADDRESS Rou	te #1			
3. CHILD'S NA									
(Type or Prin	t)	Del	Car	•1	Grosve	eno <b>r</b>			
4. SEX	5a. THIS	······		_	WIN OR TRIPLET (This o	hild horn)   6 DA	TE OF (Mon	th) (Day)	(Year)
Male	SINGLE	X TWIN		.т. [	7 -	3RD STI	LLBIRT June	12 19	954
7. FATHER'S		a. (First)	b. (1	Midd		c. (Last)		8. COLOR OR RA	CE
NAME	Ce	arl		N.	. G	rosvenor		White	
9. AGE (At time of t	his birth)	10. BIRTHPLACE (Stat	te or foreign country)		11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR INC	USTRY
3 <b>7</b>	YEARS	Woodbine,	Iowa		Line Driv	rer	Trucki	ng	
12. MOTHER'S MAIDEN		a. (First)	b. (1	Midd	ile)	c. (Last)		13. COLOR OR R	ACE
NAME		Margaret		Ma	e Wi	ilcox		White	
14. AGE (At time of t	hie birth)	15. BIRTHPLACE (8ta	te or foreign country)		16. CHILDREN PREVIO	OUSLY BORN TO	THIS MOTHER (	Do NOT include th	is child)
30	YEARS	Hastings.	Nebr.		a. How many chil-	b. How many born alive but a		c. How many O'	THER
17. INFORMAN	I A	Of Route	1 Caldwell		dren are now living?	Dorn alive but a	re now dead?	children were st (born dead after 20	iiiborn Weeks
11/10	arl	Inosve		la.	9	None		Pregnancy)?	
18a. LENGTH OF PI	REG- 18b.	WEIGHT AT BIRTH	19 Was a standa	ard	serological test f	or syphilis p	erformed?	Yes No	
40 WEEKS		LBS. 2 OZS.	Approximate	da	te m	6/2/		_	39
CAUSE OF STIL	LBIRTH	20a. FETAL CAUSES	1/	,	- 11		1 . /	,	
State only morbid	conditions		Honor	ng	e into	wid of	nne	mon /	me
causing fetal death use such terms as Prematurity, Asphy	Stillbirth,	20b. MATERNAL CAU	SES	1		-			
Tiematurty, Asprij		<u> </u>							
21. STATE ANY CO	MPLICATION	NS OF PREGNANCY AN	D LABOR		22. STATE ALL OPER	TIONS FOR DEL	IVERY		
			•		$\mid  \mathcal{E}$	piroto	mes		
I hereby certif		23a. ATTENDAN	SIGNATURE	: ,	(Specify if M. I	) midwife, or oth	er)	23b. DATE SIGNE	0/
attended the birt			estu o	h	Le mi			6/13	154
on the date state	ed above	23c. ATTEND T'S A	DDRESS //	,	If NOT   24. SIGNA	TURE OF AUTHO	RIZED OFFICIAL	L ATT	TLE /
at 12:30	Pm.	Cale	well	:	attended by physician			•	
25a BURIAL CRE	M A- 25h	DATE	25c. NAME OF CEME		=	25d. LOCATION	(City, town, or		state)
TION REMOVAL (854	Jı	me 14, 1954	Canyon H	111	. Cemetery	Caldwe	11.	Idaho	
DATE REC'D BY LO		ISTRAR'S SIGNATURE			26. FUNERAL DIVE	OB willo	D. LLAD	DRESS	
6/14/54	REG.	gnes m N	enmas		Davis-Wa r	ick Funer	al Home	Caldwell	, Idaho
/ /		U							<del></del>

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	EDERAL SECURITY AGENCY. CERTIFICATE OF STILLBIRTH						No. // 2	
	<u> </u>		State of			•	No36	*******
1. PLACE OF S a. COUNTY Ca	nyon ni-telf	New York State of		2. USUAL RESID	ENCE OF MO	b. COUNTY!	umbolut	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell				c. CITY (If outside of OR TOWN	Dermit t	RURAL and give	s township)	
c. FULL NAME OF (If not in hospital or institution, give atrost address or location) HOSPITAL OR INSTITUTION Caldwell Memorial Hospital				d. STREET ADDRESS Re	(If rural, give lo	-		
3. CHILD'S NA ((Type or Print		Still	born Baby Gi	rl Lossing				
4. SEX	5a. THIS		.5b. IF T	WIN OR TRIPLET (This	shild born) 6. DA			Year)
Female	SINGLE	TWIN .	TRIPLET 15T	2ND	3RD   511	LLBIRTH Ju	ne 18, 195	4
7. FATHER'S NAME		a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR RAC	Ē
MANUE	Ed	gar	(NMI)		Lossing		Indian	
9. AGE (At time of the	nis birth)	10. BIRTHPLACE (St	ate or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR INDI	USTRY
19	YEARS	McDermit	; <b>≵</b> Nevada	Laborer		Farm		
12. MOTHER'S MAIDEN		a. (First)	b. (Midd	lle)	c. (Last)	<u> </u>	13. COLOR OR RA	CE
NAME	R	ita	NM	I	Northrup		Indian	
14. AGE (At time of the	is birth)	15. BIRTHPLACE (8t	ate or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO	THIS MOTHER (	Do NOT include this	s child)
19	YEARS	McDermit.	Nevada	a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How many OT	HER
17. INFORMANT	ř	Indian Re	servation	dien are now hymg.	DOIN MIVE DUCK	te now dead?	children were stil (born dead after 20	weeks
19 van	Mars	MARCI	ermitt Nevada	None			pregnancy)?	
18a. LENGTH OF PR NAI WEEKS	NCY	WEIGHT AT BIRTH	19 Was a standard Approximate da	serological test f	or syphilis p	erformed?	Yes No.	<b>X</b> .
CAUSE OF STILL State only morbid causing fetal death	conditions	20a. FETAL CAUSES	lacenta	Lufa	uct.		506	- J
causing fetal death use such terms as Prematurity, Asphys	Stillbirth, ria, etc.)	20b. MATERNAL CA	ue ku	owk		_		
21. STATE ANY COM	PLICATION	S OF PREGNANCY A	ND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	ivery es	servly	
I hereby certifattended the birth child who was bo	of this	23a/ATTENDAN	TISSISMATTINE	Specify INM. I	O., midwife, or oth	D /	6 -19	
on the date state at <b>Gille U</b>	d above	23c. ATTENDANT'S		attended by physician	TURE OF AUTHO	RIZED OFFICIA	L TITI	LE
25a. BURIAL, CREI TION REMOVAL (Sp. Bubial	AA- 25b.	DATE ne 19, 1954	25c. NAME OF CEMETERY Canyon Hill		25d. LOCATION Caldwel		ounty) (st Idaho	tate)
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATURE	man	26. FUNERAL DIRECT		el Home	Caldwell.	Idaho
• / '	//			-	l			-



PHS-797(VS) 4-48	RE	CEIVE	1949 Revisio	n of	Standard Certificate	e)	State File	No	<u></u>
FEDERAL SECURI PUBLIC HEALTH SER	TY AGET EVICE	11 N 1 1 10 E	CERTIFICAT	ΓE	Standard Certificate OF STILLBIF Idaho	7TH	Local Reg	. No	•••••
				e of	Idaho		Reg. Dist.	No3.62	
1. PLACE OF ST	ILUBAN	tom of Vital Sta	fisti <b>c</b> *		2. USUAL RESID	ENCE OF M	OTHER (When	e does mother live?)	
a. COUNTY C	anyo	n			a. STATE Ida		L COLLUTY	Canyon	
		mits, write RURAL and	give township)		c. CiTY (If outside co				
	ampa				TOWN Nam	n <b>a</b>			
c. FULL NAME OF HOSPITAL OR			ve street address or locati	o <b>n</b> )	d. STREET ADDRESS	(If rural, give I	ocation)		
INSTITUTION		<u>cy Hospit</u>	al			te #6			
3. CHILD'S NAN (Type or Print)									
	K	ATHY K. M							
1 1	5a. THIS I			. IF T	WIN OR TRIPLET (This o	hild born) 6. DA	TE OF (Mon	, , ,	Year)
FEM	SINGLE			ST L		3RD	Jı	une 4, 19	<del>)54</del>
7. FATHER'S NAME		a. (First)	b. (	Midd	•	c. (Last)		8. COLOR OR RA	CE
		DUARD		D		MANGU	M	white	
9. AGE (At time of this	birth)	10. BIRTHPLACE (Se			11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS OR IND	USTRY
-22	YEARS		<u>viļle,Uta</u>		<u>Farmin</u>				
12. MOTHER'S MAIDEN		a. (First)	•	Midd	le)	c. (Last)		13. COLOR OR RA	
NAME		CONNIE		J.		<u> Morr</u>		whit	
14. AGE (At time of this	,	15. BIRTHPLACE (86	<b></b>		16. CHILDREN PREVIO				
20 17. INFORMANT	YEARS	Jerome,	<u>Idaho</u>		a. How many chil- dren are now living?	b. How many born alive but a	re now dead?	c. How many O'l children were sti	ill born
	(1 <i>[</i> []	m.			•			(born dead after 20 pregnancy)?	weeks
18a. LENGTH OF PRE	G. 1 18b	WEIGHT AT DIDTH	Luza.		0	0		0	
' NAN	CY   100.	LDC 070	Approximate	ard	serological test f	or syphilis p	erformed?	Yes No	
WEEKS		LBS. OZS. 20a. FETAL CAUSES	Approximate	· ua	, e.	·		<del></del>	<u>/                                   </u>
CAUSE OF STILL: State only morbid co	nditions	4	tus	7 _	· Rea	enta		J 6	نسو ، د
causing fetal death (c	lo NOT   tillbirth.	20b. MATERNAL CA	USES		· College				
Prematurity, Asphyxi	a, etc.)	7/-	ment h	`ie	in				
21. STATE ANY COMP	LICATION	S OF PREGNANCY A	ND LABOR		22. STATE ALL OPERA	TIONS FOR DEL	IVERY		
I hereby certify	that I	23a. ATTENDAN	T)S SIGNATURE	<u> </u>	(Specify if M. I	., midwife, or otl	ner)	23b. DATE SIGNED	<del></del>
attended the birth child who was bor		-9		-	aures	ms	,	6-5-5	
on the date stated		23c. ATTENDANT'S	_	.	If NOT   24. SIGNAT	URE OF AUTHO	RIZED OFFICIA	L TIT	LE
at	_ m.	Open	pa Draf	4	attended by physician				
25a. BURIAL, CREM TION, REMOVAL (Special	A- 25b.	DATE	25c. NAME OF CEME	TERY	OR CREMATORY	25d. LOCATION	(City, town, or	county) (8	tate)
Remova	<u>ľ</u>	6/6/54				∕ Je	rome, Id	laho	
DATE REC'D BY LOCA		STRAR'S SIGNATURE	4		26. EUNERAL DIRECT	DR		DRESS	
June 11, 19	54/	Vho fane	Xten		Tula Di	musi		Nampa, Ida	iho
			- /		LEWIS EDM	UNDS MO	RTUARY		
		<u> </u>		/		OUND 110	TITOWNI		

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## PHS-797(VS)

4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

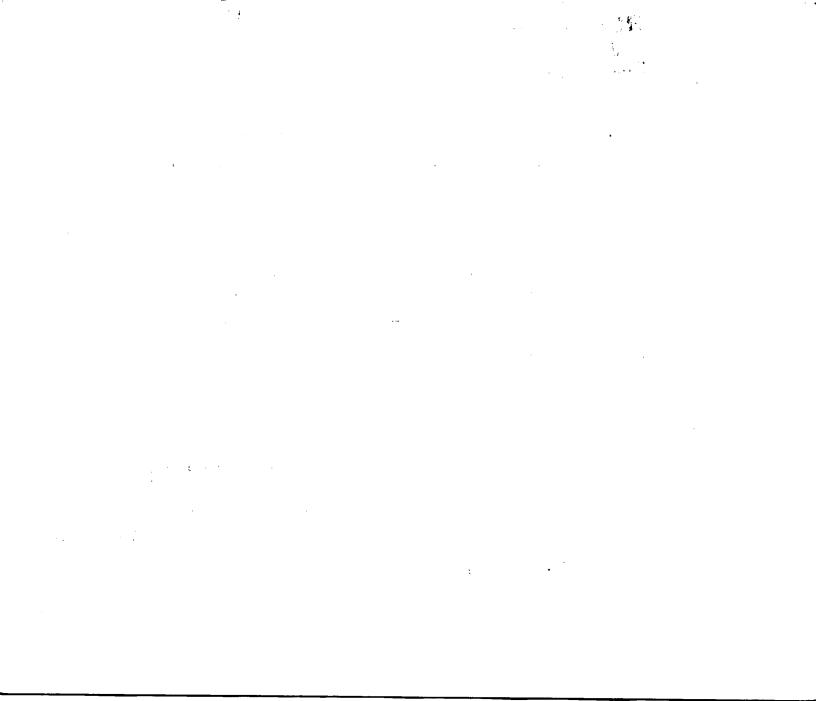
## RECERTIFICATE OF STILLBIRTH

State File No	
Local Reg. No.	
Local Reg. No. 520-52.	1

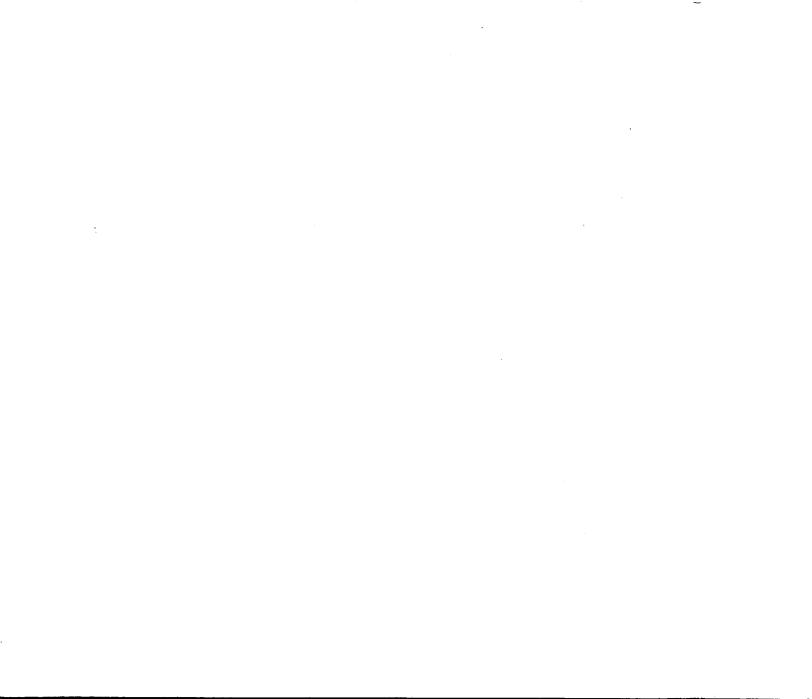
		30	LT 1992 tate of	i idano		reg. Dist.	110	
I. PLACE OF S	TILLBIR	TH Division	of Vital Statistics	2 USUAL R	ESIDENCE OF	F MOTHER (Where		
a. COUNTY	aribo		VI / I	a. STATE	Idaho	b. COUNTY	Caribou	
b. CITY (If outsid		mits, write RURAL and	give township)	c. CITY (If ou	itaide corporate limit	s, write RURAL and give	township)	
	Soda S			TOWN	Soda Spr:		•	
c. FULL NAME O HOSPITAL OR INSTITUTION	c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Caribou County Hospital				(If rural,	give location)		
3. CHILD'S NA	ME			<u>"</u>				
(Type or Print	:)	1	Lori Bennion					
4. SEX	5a. THIS I	BIRTH	5b. IF 7	WIN OR TRIPLET	(This child born)	6. DATE OF (Mon	th) (Day)	(Year)
Female	SINGLE	X TWIN	TRIPLET 1ST	2ND	3RD	STILLBIRTH Ju	ne 4.	1954
7. FATHER'S NAME		a. (First)	b. (Mide	lle)	c. (L	ast)	8. COLOR OR	RACE
		Keith	Н•		В	ennion	Whit	e
9. AGE (At time of the	his birth)	10. BIRTHPLACE (S	tate or foreign country)	11a. USUAL OC	CUPATION	11b. KIND OF	BUSINESS OR	INDUSTRY
28	YEARS	Murray	, Utah	Phosphor	rous hand.	Ler  Chemi	cal Comp	any
12. MOTHER'S MAIDEN		a. (First)	b. (Mide	lle)	c. (L	ast)	13. COLOR OR	RACE
NAME		Joyce			John	nston	Whit	e
14. AGE (At time of the	nie birth)	15. BIRTHPLACE (S	tate or foreign country)	16. CHILDREN	PREVIOUSLY BOR	N TO THIS MOTHER (	Do NOT include	this child)
23	YEARS	Ogden,	Utah	a. How many dren are now li	chil- b. How n	nany children were but are now dead?	c. How many children were	OTHER
17. INFORMANT	Г ————————————————————————————————————	)				but are now dead:	(born dead afte	r 20 weeks
yazu	- 12	emis	~~			0	pregnancy)?	
18a. LENGTH OF PR	REG- 18b.	WEIGHT AT BIRTH	19 Was a standard	serological t	est for syphi	lis performed?	Yes.	Vo.
#O WEEKS		LBS. OZS.	Approximate da	te 300				
CAUSE OF STIL	LBIRTH	20a. FETAL CAUSES						39,6
State only morbid	conditions	•	Undetermin	e d			~	- / 15
causing fetal death use such terms as	Stillbirth,	20b. MATERNAL CA	NUSES					<del></del>
Prematurity, Asphyr	ria, etc.)		None_					
21. STATE ANY COM	IPLICATION	S OF PREGNANCY	AND LABOR	22. STATE ALL	OPERATIONS FOR	DELIVERY		
		None			Non	e-		
I hereby certify attended the birth		23a. ATTENDAN	T'S SIGNATURE	(Specify	if M. D., midwife,	or other)	23b. DATE SIG	NED
child who was bo			Kunul Je	ist k	M		28 Kin	e 57/
on the date state		23c. ATTENDANT'S	ADDRESS	If NOT   24. S	SIGNATURE OF AL	JTHORIZED OFFICIAL		TITLE
at 2:30 6	at							
25a. BURIAL, CREM 110N, REMOVAL (Spe	clfy)	DATE	25c. NAME OF CEMETERY		Y 25d. LOCA	TION (City, town, or	county)	(State)
Burial	WILL	18 8, 1954	FEITUIEW	CEMETET	, Sode	SATINGS	工付	elo
DATE REC'D BY LOC	CAL REGI	RAR'S SIGNATUR	E South	26 FUNERAL D	RECTOR	tuary AD	DRESS	110
6-29-54	1	uy m	· sucum	Head	w Nai	un Ball	Myring	o fle
							<i>U</i>	•

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PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE		NCI II	~~	RTIFICATE	of Standard Certi E OF STILL of Idaho	ficate BIR	e) <b>?TH</b>	State File Local Reg Reg. Dist.		4
1. PLACE OF S a. COUNTY	TILLBIF	RTH	ORE		2. USUAL RE a. STATE		ENCE OF MO	THER (Where	edoes mother live	of)
b. CITY (If outside OR TOWN MT	• HOM		AL and give t	ownship)	c. CITY (If out OR TOWN	eide ooi	rporate limits, write			
c. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION USAF HOSP, MT HOME AFB, IDAHO  d. STREET ADDRESS  MT HOME AUTO COU					· · · · · · · · · · · · · · · · · · ·	# 5				
3. CHILD'S NA ((Type or Print							HAM			
4. SEX	5a. THIS	BIRTH		.5b. I	F TWIN OR TRIPLET	(This cl	hild born) 6. DAT	E OF (Mont	th) (Day)	(Year)
FEMALE	SINGLE	TWIN		TRIPLET 1ST	2ND		RD   SIII	JUI	1 6	1954
7. FATHER'S NAME		a. (First)		b. (M	iddie)		c. (Last)		8. COLOR OF	RACE
		GENE		AR	LING		HAM		CAUCAS	IAN
9. AGE (At time of the	is birth)	10. BIRTHPL	ACE (State o	r foreign country)	11a. USUAL OCC	UPAT	ION	11b. KIND OF	BUSINESS OR	INDUSTRY
19	YEARS	UTAH, E	SINGHAN	A CANYON	USA	<u> </u>	AIRMAN)	Į.	JSAF	
12. MOTHER'S MAIDEN		a. (First)		b. (M	iddle)		c. (Last)		13. COLOR O	R RACE
NAME		BETH					HEAPS		CAUCAS	IAN
14. AGE (At time of th	is birth)	15. BIRTHPL	ACE (State o	r foreign country)	16. CHILDREN P	REVIO	USLY BORN TO T	HIS MOTHER (	Do NOT inclu	le this child)
17. INFORMANT	YEARS	UTAH, V	vest jo	RDAN	a. How many dren are now liv	chil- ing?	b. How many born alive but a	children were e now dead?	c. How man children wer (born dead at	stillborn
Kene	a	Dan	·	(FATHER	ONE	ĺ	NONE		NONE	
18a. LENGTH OF PR NAM WEEKS	EG- 18b.	. WEIGHT AT B	OZS.		d serological te late	st fo	or syphilis p	erformed?	Yes	No
CAUSE OF STILI	onditions	20a. FETAL (		REMATURIT	Y				<u> </u>	36 2
causing fetal death use such terms as a Prematurity, Asphys	Stillbirth, da, etc.)	20b, MATERI PRESENT	NAL CAUSES ATION	PREMATU	re separati iculty in i				BREECH	·
21. STATE ANY COM	PLICATIO	NS OF PREGNA	ANCY AND	LABOR	1		TIONS FOR DELI			,
I hereby certify attended the birth child who was bo	of this	Clu	hai	SIGNATURE	total	10	., midwife or oth	pr)	23b. DATE SIG	SNED 1954
on the date state	d above	MT. HOM			If NOT 24. S attended by physician	GNAT	URE OF AUTHOR	RIZED OFFICIAL	L	TITLE
25a. BURIAL, CREM TION, REMOVAL (8per Removal		ne 16. 1	. 1	. NAME OF CEMETE South Jord	RY OR CREMATORY		25d. LOCATION South Jo		•••	(State)
DATE REC'D BY LO		SISTRAR'S SIG		JULI DOLU	26. FUNERAL DI	RECTO			DRESS	<del></del>
June 14,	795	4-117	The	duso	Bev Mort	119 7	·ν -	Mountair	Home	Ideho
		-				on	rald D	· m 4	Fill	



PHS-797(VS)  4-48 FEDERAL SECURITY AGENCY JUN 3 () SERTIFICATE PUBLIC HEALTH SERVICE  Division of Vital Statistics  State of	OF SHEEDIK	State File  TH Local Reg  Reg. Dist.	. No. 26
i. PLACE OF STILLBIRTH a. COUNTY Franklin	a. STATE Idah	NCE OF MOTHER (When D b. COUNTY	dose mother live?) Franklin
b. CITY (II outside corporate limits, write RURAL and give township) OR TOWN Preston		orate limits, write RURAL and given K Cfeek	e township)
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Memorial	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME ((Type or Print) Baby Ransom			
Male SINGLE X TWIN TRIPLET 1ST	TWIN OR TRIPLET (This child	STILLBIRTH MA	
7. FATHER'S a. (First) b. (Mid Vilarr	· _	c. (Last) Ransom	8. COLOR OR RACE White
9. AGE (At time of this birth) 31 YEARS 10. BIRTHPLACE (State or foreign country) Preston	11a. USUAL OCCUPATIO		BUSINESS OR INDUSTRY
12. MOTHER'S a. (First) b. (Mid NAME Olene	dle)	c. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOU	SLY BORN TO THIS MOTHER	(Do NOT include this child)
17. INFORMANT		b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18a, LENGTH OF PREGNANCY  40 WEEKS  18b. WEIGHT AT BIRTH  9 Was a standard  Approximate de	***	r syphilis performed?	Yes No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20a. FETAL CAUSES,  20b. MATERNAL CAUSES,	astosis	fortalis	parting.
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERAT	IONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:25 fm.	If NOT 24. SIGNATU attended by physician	men 1. MD	23b. DATE SIGNED  5-//-54  L TITLE
25a. BURIAL, CREMA- TION, REMOVAL (8 poetly)  1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Y OR CREMATORY 2	5d. LOCATION (City, town, or	Tolako
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  5-11-5-4  Eggs 18-11-15-4	26. FUNERAL DIRECTOR	Mych 6	Knew tin He



PHS-797(VS)	()	949 Revision of	Standard Certificat	e)	State File	No	37.1514
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	UBLIC HEALTH SERVICE RECEIVED			RTH	Local Reg. No. 3 Reg. Dist. No. 120		
1. PLACE OF STILLBII a. COUNTY Koote		1954 Vital Statistics	2. USUAL RESID		h COUNTY	e does mother live?) Shoshone	
OR	limits, write RURAL and give tov	vnship)	C. CITY (If outside or OR	· · · · · · · · · · · · · · · · · · ·			
c. FULL NAME OF (If not in HOSPITAL OR	hospital or institution, give stree	address or location)	d. STREET ADDRESS	(If rural, give lo	cation)		<del></del>
3. CHILD'S NAME ((Type or Print)	Infant baby be	y Kitchen					
4. SEX 5a. THIS SINGLE		5b. IF T	WIN OR TRIPLET (This o	shild born) 6. DAT	TE OF (Mon		(Year)
7. FATHER'S NAME	a. (First)	b. (Midd		c. (Last) Kitche		8. COLOR OR	RACE
9. AGE (At time of this birth)	10. BIRTHPLACE (State or f	oreign country)	11a. USUAL OCCUPAT			BUSINESS OR I	
36 YEARS	S. D.		Miner	•	Kell		
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Midd	ile)	c. (Last) <b>Ledford</b>		13. COLOR OR	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or f		16. CHILDREN PREVIO		THIS MOTHER (	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
32 YEARS 17. INFORMANT	Coeur di Alen	e Idaho	a. How many children are now living?	b. How many born alive but a	_	c. How many children were (born dead after pregnancy)?	OTHER stillborn 20 weeks
18a. LENGTH OF PREGNANCY WEEKS  CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	WEIGHT AT BIRTH 19 W  O LBS. 2 OZS. A  20a. FETAL CAUSES  UN KA	pproximate da	serological test f	or syphilis p	erformed? 953	Yes	10
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  21. STATE ANY COMPLICATION  NONE	20b. MATERNAL CAUSES NS OF PREGNANCY AND LA	BOR	22. STATE ALL OPERA	ATIONS FOR DEL	IVERY		
I hereby certify that I attended the birth of this child who was born dead	238. ATTENDANT'S S	mad !	7.0. M.D.	)., midwife, or oth	er)	23b. DATE SIGN	ED 8, 195
on the date stated above at m.	23c. ATTENDANT'S ADDRE	Idaho	attended by physician	TURE OF AUTHOR	RIZED OFFICIA		TTLE
		name of cemeters Rose Lake	OR CREMATORY	25d. LOCATION Ros	(City, town, or 3 Lake	ounty) Idaho	(State)
DATE REC'D BY LOCAL REG	STRAR'S SIGNATURE,	Brush	26. FUNERAL DIRECTO Gilbert	r Lates Ce	eur d'A	DRESS Lene, Ida	aho

C. • • 1 ?· • 

PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY

## RECEIDE REVISION of Standard Certificate) CERTIFICATE OF STILLBIRTH

State File No	
Local Reg. No Reg. Dist. No	530

PUBLIC HEALTH SERVICE	JUEG	Vital Statement	Idaho	1	Reg. Dist.	No. 530
1. PLACE OF STILLBI	RTH DIVISION OF		2. USUAL RESID	ENCE OF MOT	UED	
COLLETT	neida				COUNTY	oneida
OR .	linits, write RURAL and give to	wnship)	c. CITY (If outside of OR TOWN Ma	orporate limits, write RU	RAL and give	township)
c. FULL NAME OF (If not in		t address or location)	d. STREET	38 North		
3. CHILD'S NAME ((Type or Print)	Baby Pet	erson (St	illborn)			
4. SEX 5a. THIS SINGLE		5b. IF T	WIN OR TRIPLET (This of	shild born) 6. DATE (STILLE	OF (Mont)	1954 <sup>(Year)</sup>
7. FATHER'S NAME	a. (First) Hyrum	b. (Midd		eterson	Jr.	8. COLOR OR RACE White
9. AGE (At time of this birth)  46 YEARS	10. BIRTHPLACE (State or Samaria I		IIa. USUAL OCCUPAT		b. KIND OF	BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) Mary	Adele	le)	c. (Last) <b>Ev</b> ans		13. COLOR OR RACE White
14. AGE (At time of this birth)	15. BIRTHPLACE (State or	foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO THE	S MOTHER (I	o NOT include this child)
45 YEARS	Malad Ida		a. How many children are now living?		dren were	c. How many OTHER children were stillborn
1 Jagrum	Seleva	alad Ida.	4	.0		(born dead after 20 weeks pregnancy)?
25 WEEKS 186.	WEIGHT AT BIRTH 19 W	as a standard approximate dat	serological test i	or syphilis peri	ormed?	Yes No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT	20a. FETAL CAUSES	mit	runn			39,6
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES	n	inhu	nin-		
21. STATE ANY COMPLICATION	NS OF PREGNANCY AND L	ABOR	22. STATE ALL OPERA	ATIONS FOR DELIVE	RY	
I hereby certify that I attended the birth of this child who was born dead	238. ATTENDANT'S	SIGNATURE	(Specify if M. I	)., midwife, or other)		23b. DATE SIGNED
on the date stated above at m.	23c. ATTENDANT'S ADDRI	<i>-</i> /	ILYOT 24. SIGNAT attended by physician	TURE OF AUTHORIZE	D OFFICIAL	TITLE
	DATE 14 54 25c.	NAME OF CEMETERY Malad Ci	OR CREMATORY	25d. LOCATION (CI		ounty) (State) Idaho
DATE REC'D BY LOCAL REG.	ISTRAR'S SIGNATURE	Jonson	26. FUNERAL DIRECTO	A. D.		RESS Ad City Ida.
/	0		1/			

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PHS-797(VS)  RECEIVE Revision	of Standard Certificate	s) State File	a No
FEDERAL SECURITY AGENCY TITL Q _ ICIDIO TELLA ATT	E OF STILLBIE	RTH Local Rep	
TODAY TENENT SERVICE	of Idaho	Reg. Dist	
Division of Vital Statistics State			
a. COUNTY	a. STATE L	ENCE OF MOTHER (When	re does mother live?)
h CITY (V - 1)	<del></del>	ans	I wan falls.
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	ii Or	rporate limits, write RURAL and giv	re township)
Taco,	TOWN Tue	m talls.	
c. FULL NAME OF (If not in bospital or institution, give street address or location HOSPITAL OR INSTITUTION Magaze Valley Mayoral	d. STREET ADDRESS	4 ash Sf.	
3. CHILD'S NAME (Type or Print) NICHAEL DAVID CA	RANER		
	IF TWIN OR TRIPLET (This c	hild born) 6. DATE OF (Mor	nth) (Day) (Year)
SINGLE X TWIN TRIPLET 151	T 2ND	STILLBIRTH (	- 26-54
7. FATHER'S (a. (First) b. (M	(iddle)	c. (Last)	8. COLOR OR RACE
- JACK		CRANER	w.
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT		F BUSINESS OR INDUSTRY
22 YEARS Idaho	AIR I	orce	
12. MOTHER'S a. (First): b. (M	liddle)	c. (Last)	13. COLOR OR RACE
NAME Deleres		Welch	l w
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO THIS MOTHER	(Do NOT include this child)
20 YEARS TILER TLANE	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER
17. INFORMANT		DOID MITTE DUT ME HOW GENG!	children were stillborn (born dead after 20 weeks
<u> </u>	D	O	pregnancy)?
18a. LENGTH OF PREG- NANCY 18b. WEIGHT AT BIRTH 19 Was a standar	rd serological test f	or syphilis performed?	Yes / No
30 WEEKS 3 LBS. 14 OZS. Approximate	date	position	200
CAUSE OF STILLBIRTH   20a. FETAL CAUSES		h-	39.2
State only morbid conditions causing fetal death (do NOT)	sloves loe	lalis (a)	7mcs
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	ما راسي	), /9-	
100ker - 1814 neg	- Palter 1	IN pos - Relead	24gous -
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	TIONS FOR DELIVERY	
None	Non	e_	
I hereby certify that I   23a. ATTENDANT'S SIGNATURE	Specify if M. D	., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead Scote W. M.	arshou	Mir).	6-26-52
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT   24. SIGNAT	URE OF AUTHORIZED OFFICIA	L TITLE
at m.	attended by physician		
25a. BURIAL, CREMA- TION, REMOVAL (Bpoolty) 25b. DATE 25c. NAME OF CEMEN	ERY OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
Burge 6-24-54 Dunet	Man, Jr. K	Twin et a	als Idaha
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26 FUNERAL DIRECTO	OR JA AS	DORESS.
June 30, 1954 James - Orland Dt	Alberto	تا بدر لایکا ا	norte misories
- John John John Joseph	1500	- IVI	41m Calls
	/		Tole .

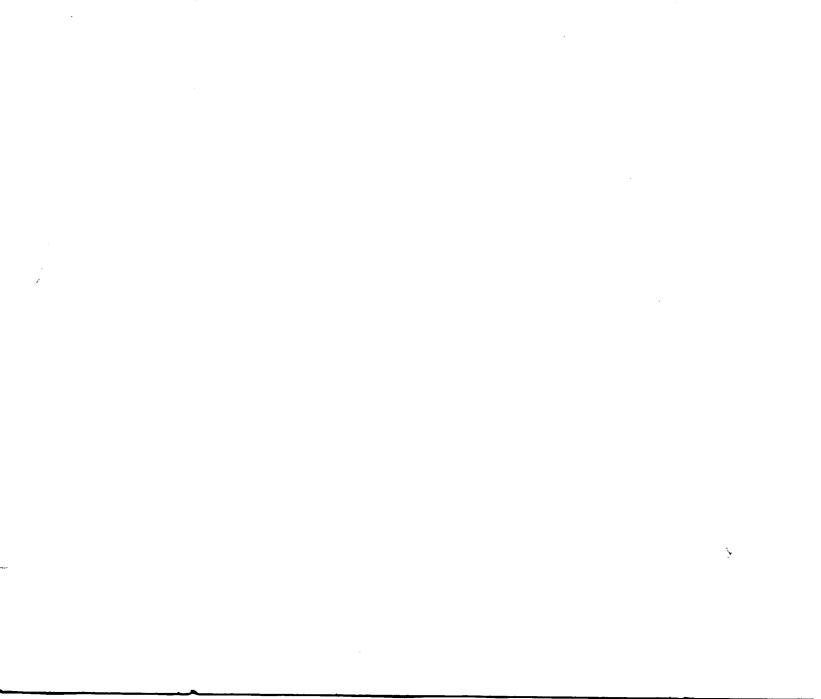
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PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

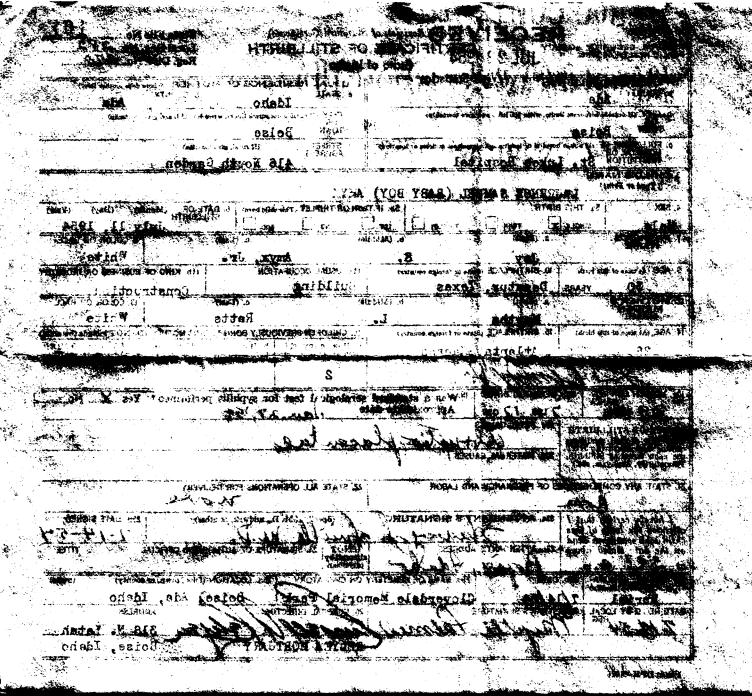
## (1949 Revision of Standard Certificate) REF CHICAYE OF STILLBIRTH

State File No	100
Local Reg. No	<i>D. C.</i>
Reg. Dist. No	<i></i>
_	~~~

·		JUL <b>1Stat</b> ⊕5	Aldaho			No	
1. PLACE OF STILLBIR a. COUNTY Wash:	<del>тн</del> ington	Division of Vital St	a STATE Ida	PENCE OF MO	THER (Where	Washin	gton
b. CITY (If outside corporate li OR TOWN Weis		give township)	c. CITY (If outside of TOWN Wei	orporate limits, write Ser	RURAL and give	township)	
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION Wei S			d. STREET ADDRESS 451	(If rural, give loc E. Gal.	loway	St.	
3. CHILD'S NAME ((Type or Print)	ROSA LI	NDA	LOPEZ				
Female 5a. THIS	TWIN 🗌	TRIPLET 1ST	TWIN OR TRIPLET (Thin a	child born) 6. DAT STIL	e of (Mon LBIRTH Jui		(Year) 1954
7. FATHER'S NAME Re	a. (First)	alcon	Lopez	c. (Last)		8. color or Spanis	
9. AGE (At time of this birth)  33 YEARS	10. BIRTHPLACE (St Rio Gr	ande, Texas	Section		116. KIND OF	BUSINESS OR R . R .	INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) O <b>pheli</b> a	b. (Mid T <b>re</b> bi	•	c. (Last) Flores		Spanis	
14. AGE (At time of this birth) 38 YEARS	15. BIRTHPLACE (8)	Texas	a. How many children are now living?	b. How many of born alive but ar		c. How many children were	
17. INFORMANT	43		2		o non dodd.	(born dead after pregnancy)?	r 20 weeks
18a. LENGTH OF PREGNANCY 40 WEEKS	WEIGHT AT BIRTH LBS. OZS.	<sup>19</sup> Was a standard Approximate da	serological test	for syphilis po	erformed?	YesX	No
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES Unknow		·				9,2
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CA	uses Mother I	Rh Negative pelvis. P	e, Fathe rolapsed	r Rh P foot	ositive & arm.	<u> </u>
21. STATE ANY COMPLICATION			22. STATE ALL OPER				
See 20b			J	None		<u>.</u>	
I hereby certify that I attended the birth of this child who was born dead		T'S SIGNATURE	when by.	D., midwife, or other.	er)	23b. DATE SIG 6/16/	
on the date stated above at 3:30 A · m.	Weiser.	Mancher, M.D. Idaho	physician	TURE OF AUTHOR			TITLE
TION, REMOVAL (Specify)	DATE 22-175-4	25c. NAME OF CEMETER Hillcrest		Weiser,		county)	(State)
DATE REC'D BY LOCAL REQ	STRAR'S SIGNATURE	Hacellon	26. FUNERAL DIRECT	OR Smalon		oress ser, Io	laho
			,				



PHS-797(VS)	RECEI	Revision of	Standard Certificate	e)	State File	No. 1 () 1
FEDERAL SECURITY AC PUBLIC HEALTH SERVICE	III 29	CERTIFICATE	OF STILLBIF	RTH		No. 282
		Signe of	Idaho		Reg. Dist.	No. 370
1. PLACE OF STILLE	Helpston at Vita	Statistics	2. USUAL RESID	ENCE OF MC	THER (Where	does mother live?)
a. COUNTY Ada			a. STATE	aho	b. COUNTY	Ada
b. CiTY (If outside corporati	te limite, write RURAL and	give township)	c. CITY (If outside ec		RURAL and give	
TOWN Boise			TOWN Bo	ise		
C. FULL NAME OF (If not HOSPITAL OR			d. STREET ADDRESS	(If rural, give lo	oation)	
INSTITUTION St.	Lukes Hospi	tal		8 North G	arden	
3. CHILD'S NAME ((Type or Print)	AURENCE SAMU	EL (BABY BOY)	AMYX			
	IS BIRTH		WIN OR TRIPLET (This e	hild born) 6. DAT	E OF (Mont	th) (Day) (Year)
Male singl	E TO TWIN	TRIPLET 1ST	7 -	STII	LIBIRTH Jul	v 11. 1954
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR RACE
	Jay	S.	Amy	yx, Jr.		White
9. AGE (At time of this birth)	10. BIRTHPLACE (8	itate or foreign country)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR INDUSTRY
30 YEAR		Texas	Building		Constr	u <b>ct</b> ion
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	ile)	c. (Last)		13. COLOR OR RACE
NAME	Martha	L.		Ratts		White
14. AGE (At time of this birth)	15. BIRTHPLACE (8	tate or foreign country)				Do NOT include this child)
28 YEAR	Atlanta,	Kansas	a. How many chil- dren are now living?	b. How many born alive but as	children were re now dead?	c. How many OTHER children were stillborn
17. INFORMANT	January (	2.	2			(born dead after 29 weeks pregnancy)?
100 16	arry j	α.				
18a. LENGTH OF PREG- NANCY 3 9 WEEKS	b. WEIGHT AT BIRTH  > LBS. 12 OZS.	<sup>19</sup> Was a standard Approximate da	Na / .	or syphilis p 47. '54	erformed?	YesXNo
CAUSE OF STILLBIRTI	20a. FETAL CAUSE	- , 0	4	7		36,2
State only morbid condition causing fetal death (do NO	T C	rupho ple	ecertal	,		
causing fetal death (do NO use such terms as Stillbirti Prematurity, Asphyxia, etc.)	b, 20b. MATERNAL CA	AUSES /				
21. STATE ANY COMPLICAT		AND LABOR	22. STATE ALL OPERA	_	IVERY	
I hereby certify that	-	T'S SIGNATURE	(Specky Al M. I	., midwife, or oth	er)	23b. DATE SIGNED,
attended the birth of thi		lawer S.	Awith V	u.D.		7-14-54
on the date stated about at 35 a.m.			If NOT 24. SIGNAT attended by physician	TURE OF AUTHOR	RIZED OFFICIAL	TITLE
25a, BURIAL, CREMA-   2	Sb. DATE	25c. NAME OF CEMETERY		25d. LOCATION	(City, town, or	county) (State)
Burial 7	/14/54	Cloverdale Men		30186		Idaho
DATE REC'D BY LOCAL R	EGISTRAR'S SIGNATUR	£ //.	26. STHERAL DIRECTO		AD	DRESS
7-19-54	Mythe	Talmer)	marell (	1/24	84 31	8 N. Latah
	1		RELYEA MORT	UARY	Вс	ise, Idaho



PHS-797(VS) 4-48 FEDERAL SECURITY AC PUBLIC HEALTH SERVICE	RECEIVE	EQ949 Revision of	Standard Certificat	e) Э <b>Т</b> Ы	State File	No. 276	2
	ivision of Vital St			X 1 1 1	Reg. Dist.	No. 370	*********
1. PLACE OF STILLE a. COUNTY Ada	IRTH		2. USUAL RESID	ence of mo aho	THER (Where	Ada	-
b, CITY (If outside corporation TOWN BOL		give township)	c. CITY (If outside o	orporate limits, write	RURAL and give	township)	<del></del> ,
c. FULL NAME OF (If not HOSPITAL OR INSTITUTION St	in hospital or institution, give		d. STREET ADDRESS	(If rural, give loc	n Sprin	ngs Aveni	
3. CHILD'S NAME ((Type or Print)	BABY BO	Y GRESS					
	IS BIRTH	[7]	WIN OR TRIPLET (This	STIL	I RIRTH		(Year)
7. FATHER'S	a. (First)	TRIPLET 1ST b. (Midd	le)	c. (Last)	<u>ل</u> ا	Tuly 18,	
NAME	Mark	Wes:	lev Gr	ess		White	<del>CL</del>
9. AGE (At time of this birth)	10. BIRTHPLACE (St.	ate or foreign country)	11a. USUAL OCCUPAT	TION		BUSINESS OR INC	USTRY
12. MOTHER'S	a. (First)		Firema		US	SAF	
MAIDEN NAME	Marjor:	b. (Midd	•	c. (Last) lott		13. COLOR OR R	ACE
14. AGE (At time of this birth)	15. BIRTHPLACE (St		16. CHILDREN PREVIO		HIS MOTHER (	Do NOT include th	is child)
22 YEAR	s Michig	an	a. How many children are now living?	b. How many o		c. How many O'	PHED
17. INFORMANT	D. 34	son De,	2	none		children were st (born dead after 20 pregnancy)?	weeks
18a. LENGTH OF PREGNANCY WEEKS	Bb. WEIGHT AT BIRTH LBS. OZS	19 Was a standard Approximate dat	serological test f	or syphilis pe	rformed?	Yes. No	
CAUSE OF STILLBIRTS	200 FETAL CALICES			····			7
State only morbid condition		Premature	separati	m of pl	a.t.	- ·	6.4
causing fetal death (do NO' use such terms as Stillbirth Prematurity, Asphyxia, etc.)	20b. MATERNAL CAL	USES	- 1	10			
21. STATE ANY COMPLICATI	IONS OF PREGNANCY A	ND LABOR	22. STATE ALL OPER/	TIONS FOR DELI	VERY		
			rome				
I hereby certify that attended the birth of thi child who was born dead	s Man	SIGNATURE /	specify if M. I	., midwise, or other	er)	23b. DATE SIGNET	195
on the date stated above at m.	e 23c. ATTENDANT'S A	, saalo.	physician	TURE OF AUTHOR	IZED OFFICIAL	O Gri	uf -
25a. BURIAL, CREMA- TION, REMOVAL (Specific) Burial	7/27/54	25c. NAME OF CEMETERY MOTTIS Hil		25d. LOCATION (	City, town, or o		tate)
DATE REC'D BY LOCAL REG.	EGISTRAR'S SIGNATURE		26. FUNERAL DIRECTO	OR .	ADI B	ORESS	 laho
			A CA	Ve W	HOME -	Mus	iaim
Form DPH-48020							<del></del>

MARIN TO MUNICIPAL MARIN A MARIN TO STATE OF THE PARTY AND ASSESSMENT OF THE PARTY ASSESSMENT PRESTICATE OF STRUMEN BY THE PARTY OF TH tolerentered the state of the s The same of the sa The state of the state of the SUPPLIED THE SECOND CONTRACTOR The standard the property of the country of the MORE TO COLUMN TO CHEROLOGY. TAM AD HOLD THE RESIDENCE OF THE PARTY OF T BAND SET OF ALL AND RESTORAGE OF MARKET AND COMMENT OF THE SET OF THE PARTY OF THE A SAMON I WAS A SAMON IN THE PARTY OF THE PA A POST TOWNS AND AND AND THE PARTY OF THE PA DO MARIE AL CAURES VENUENT ROT MOTERATE OF THE PARTY AND AS A PROPERTY OF THE PARTY The Tank Market House THE RESERVE OF THE PARTY OF THE अभावत स्टब्स वर्ष THE REPORT OF CREWING THE PROPERTY OF THE PROP Marie Morets Hill Cocster Roise, Icano the little of the comment

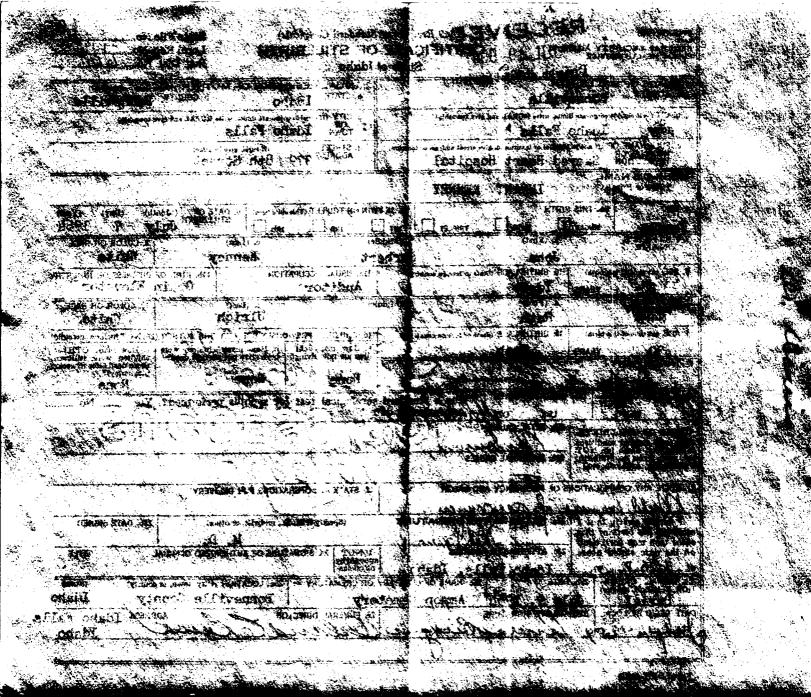
PHS-797(VS)	i	RECEIV	/ Ezam n		Standard Certificat			103
	ITV ACE	NEW IIII D.C.	V ESES Kem	sion of	Standard Certificat	e)	State File	
PUBLIC HEALTH SE					Or STILLDI	RTH	Local Reg	
	f.	Piviston of Vital	S	tate of	Idaho		Reg. Dist.	No. 5/0
I. PLACE OF S	TILLBIF	RTH	OCALISTICS		2. USUAL RESID	ENCE OF MO	OTHER (When	e does mother live?)
a. COUNTY	Banno	ck			a. STATE Idal		b. COUNTY	Bannock
b. CITY (If outside	corporate li	imits, write RURAL and	give township)		c. CITY (If outside or	orporate limits, write	RURAL and give	
OR TOWN	Pogo	tello			_OK	Pocatello		,
c. FULL NAME O		hospital or institution, gi	ve street address or l	ocation)	d. STREET	(If rural, give le		<del></del>
INSTITUTION		nthony Merc			ADDRESS		rth 12th	1
3. CHILD'S NA ((Type or Print	ME				<u>'</u>		WELL	
4. SEX	5a. THIS	BIRTH		5b IFT	WIN OR TRIPLET (This			(T) (T) (T)
MALE	SINGLE		TRIPLET .	1ST	7 m	— ∣ STI	TE OF (Mont	
7. FATHER'S	JITTOLE	a. (First)	I KIPLE!	b. (Midd	J ZND L	c. (Last)	Jun	1e 20, 1954
NAME					•	_ ` '		
9. AGE (At time of th	in hirth)	Byron 10. BIRTHPLACE (8)	Pata on four!	The	MAS	Gamwell		white
25		Shelley,		<b>'</b>			11b. KIND OF	BUSINESS OR INDUSTRY
12. MOTHER'S	YEARS	a. (First)	Tagno	<del> </del>	Office C		<u> </u>	
MAIDEN	_	()		b. (Midd	•	c. (Last)		13. COLOR OR RACE
NAME		orothy			an	Horrock		white
14. AGE (At time of th		15. BIRTHPLACE (8		<b>'y</b> ')				Do NOT include this child)
28	YEARS	Pocatello	Ldaho		a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many OTHER children were stillborn
17. INFORMANT		_			_	•		(born dead after 20 weeks pregnancy)?
Dorothy		amwell	mo.	ther	0	0	l	0
18a. LENGTH OF PR		WEIGHT AT BIRTH	19.Was a sta	ndard	serological test f	or syphilis p	erformed?	YesX No
35 WEEKS		LBS. OZS.	Approxim	ate dat	te Dec			
CAUSE OF STILI	BIRTH	20a. FETAL CAUSES						32,4
State only morbid of	onditions		NOME		•			
causing fetal death (use such terms as a Prematurity, Asphyx	Stillbirth,	20b. MATERNAL CA	USES					······································
		Pre	eclamps	ia, s	evere			
21. STATE ANY COM	PLICATION	S OF PREGNANCY A	ND LABOR	ı	22. STATE ALL OPERA	TIONS FOR DEL	IVERY	W · · · · · · · · · · · · · · · · · · ·
					Enis	iotomy &	Repair	
I hereby certify	that I	23a. ATTENDAN	T'S SIGNATION	RE		o, midwife, or oth		23b. DATE SIGNED
attended the birth child who was bo	of this		1111	ar	75.1M	>	,	7-3-54
on the date state		23c. AFTINDANTS	DER 35		II NOT   24. SIGNAT	TURE OF AUTHO	RIZED OFFICIAL	TITLE
	2. m.	To cate	16		physician			
25a. BURIAL, CREM TION, REMOVAL (8pec	#5°   Ju	DATE (**) ine <b>23,</b> 195			OR CREMATORY  W CENETERY	25d. LOCATION PULATEGE		
DATE REC'D BY LOC	AL REGI	STRAR'S SIGNATURE	) .0 5		26. FUNERAL DIRECTO			DRESS
July 21 190	74%	vamo	Valler	ارر	Manning	Function	Home	Pocatello
, , , , , , , , , , , , , , , , , , , ,	,				1111	1/1/2		
Town DDW 4000	<del></del>				Alley)	u / I / M	anu,	<b>f</b>

W CERTIFICATE OF orbid to with All Allerian Market Lists and Construction and the second the committee of the seast land proposed from the committee of the Approximates date Sent restor is the STATE STREET ACTION STATES OF THE PARTY HOSTON THE PLEASE AND THE PER DELIVERY AND AND SHAPE SAME AND THE Describer de de THE STREET, STREET THE STATE OF THE PARTY OF THE P

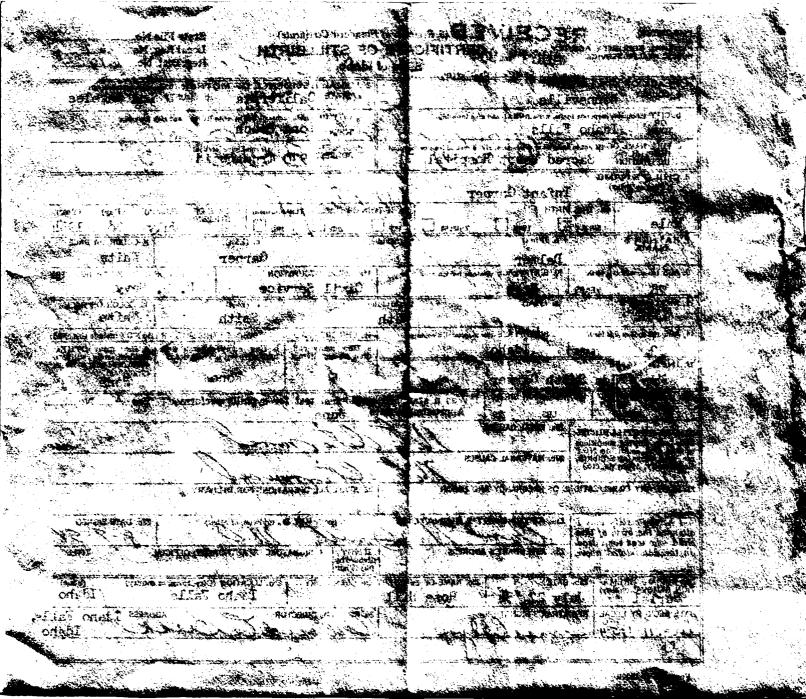
PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE	RITY AGE	954 c	1949 Revision CERTIFICAT	of Standard Certifica E OF STILLBI	te) RTH		No. 28 A
	Divi <b>si</b> c	of Vital Statis	Dici State	of Idaho			
1. PLACE OF S	ingham	RTH		2. USUAL, RESI a. STATE TO	DENCE OF MO	THER (Where	does mother live?) Bingham
· — — — — — — — — — — — — — — — — — — —		inite, write RURAL and g	due township)		corporate limits, write	DYDAY d -t-	
_OR	Lackfo	_	tan committee	JI OR	ackfoot	RURAL and give	township)
I HOSPITAL OR		hospital or institution, giv		ADDRESS	(If rural, give lo	cation)	
		am Memorial	. Hospital	II TUC	oute # 3		
3. CHILD'S NA	<i>t</i> }	lot Named					
4. SEX	5a. THIS		.5b.	IF TWIN OR TRIPLET (This	e child born) 6. DAT	EOF (Mont	th) (Day) (Year)
Male	SINGLE		TRIPLET 15	T 2ND	3RD STII	LBIRTH Jul	y 5, 1954
7. FATHER'S NAME	-	a. (First)	b. (1	Middle)	c. (Last)		8. COLOR OR RACE
		Robert	F.		Pec	k .	White
9. AGE (At time of t	h <b>ie bi</b> rth)	10. BIRTHPLACE (St.	ate or foreign country)	11a. USUAL OCCUP	ATION	11b. KIND OF	BUSINESS OR INDUSTRY
20	YEARS	Aberdeen,	Idaho	Farmer		Farmi	ng
12. MOTHER'S MAIDEN NAME		a. (First) Constance		Middle)	c. (Last) Somme	ercorn	13. COLOR OR RACE.
14. AGE (At time of t	hie birth)	15. BIRTHPLACE (St		<del>*</del>			Do NOT include this child)
17	YEARS	Sterling		a. How many chil dren are now living	<del>-</del> -		c. How many OTHER children were stillborn
17. INFORMAN	T Latte	Man	aun Cler	None	None		(born dead after 20 weeks pregnancy)? NOILS
188. LENGTH OF PI NA 38 WEEK		weight/at Birth of Weighed LBS. OZS.	Was a standa Approximate	ard serological test date January		erformed?	Yes. X No.
CAUSE OF STIL	LBIRTH	20a. FETAL CAUSES	/		<u>'</u>		39.6
State only morbid causing fetal death	(do NOT		Unknow	<u>~~</u>		<del></del>	
causing fetal death use such terms as Prematurity, Asphy	Stillbirth, xia, etc.)	20b. MATERNAL CA	<b>.</b> . //	iem			
21. STATE ANY CO	MPLICATIO	NS OF PREGNANCY A	ND LABOR	22. STATE ALL OPE	RATIONS FOR DEL	IVERY	
I hereby certi	h of this	23a. ATTENDAN	T'S SIGNATURE	(Specity if M	.D., midwife, or oth	MEET)	23b. DATE SIGNED 7-9-54
child who was b on the date stat 12:45	ed above		ADDRESS t. Idaho	If NOT 24. SIGN attended by physician	ATURE OF AUTHO	RIZED OFFICIA	L TITLE
44		DATE		TERY OR CREMATORY	25d. LOCATION	(City, town, or	county) (State)
25a. BURIAL, CRE TION, REMOVAL (8) Crematio	eoffy)	-5-54		emorial Hosp.	1	ot, Bing	
DATE REC'D BY LO		SISTRAR'S SIGNATURE		26. FUNERAL DIRE			DRESS
6.1.0.0	REG.	nua Plana	ころして	، اه	MH. Ma	1	Blackfoot
X	4 1/1	1/ M Calle	VI V. V acce	Acting)	WWA		Tacktoon
						<del></del>	

Tool last True tent at hear. Blackhor, inches, 

PHS-797(VS) RECEIVED49 Revision of	Standard Coutices			105
FEDERAL SECURITY AGENCY 11 20 10 CFRTIFICATE	OF STILLBI	<sup>€)</sup> ⊃ <b>T</b> LI	State File Local Reg	No
FEDERAL SECURITY AGENCYUL 20 1954 ERTIFICATE PUBLIC HEALTH SERVICE  Division 4 VI	Idaho	XIII		No. 610
1. PLACE OF STILLBIRTH	2. USUAL RESID	ENCE OF MC	TUED	
a. COUNTY Bonneville	a. STATE Idal			o does mosher live?) Bonneville
b. CITY (If outside corporate limits, write RURAL and give township) OR	c. CITY (If outside oc	orporate limits, write		
TOWN Idaho Falls		ho Falls		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sacred Heart Hospital	d. STREET ADDRESS 379	(If rural, give lo 8th Str		
3. CHILD'S NAME ((Type or Print) THEANT KENNEY			<u></u> -	
INFANT REMNET				
	WIN OR TRIPLET (This	shiid born) 6. DAT	E OF (Mon	
Female SINGLE X TWIN TRIPLET IST		3RD	Jul	y 7 1954
7. FATHER'S a. (First) b. (Midd. NAME	•	c. (Last)		8. COLOR OR RACE
John Herbe		Kenne		White
9. AGE (At time of this birth) 28 YEARS 10. BIRTHPLACE (State or foreign country)  Idaho	11a. USUAL OCCUPAT Auditor	FION :		BUSINESS OR INDUSTRY Elevator
12. MOTHER'S a. (First) b. (Midd. MAIDEN NAME Ruth	le)	c. (Last) Ulrich		13. COLOR OR RACE White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO T	HIS MOTHER (	Do NOT include this child)
30 YEARS Utah	a. How many chil-	b. How many born alive but ar		C HOW MANY OTHER
17. INFORMANT Themey	dren are now living?	None	e now dead?	children were stillborn (born dead after 2° weeks pregnancy)?
188- LENGTH OF PREG-   18b. WEIGHT AT BIRTH   19 Was a standard	serological toot f	1		None Yes No
WEEKS LBS. OZS. Approximate dat	e.	or sypinis p	eriorinea (	
OAUSE OF STILLBIRTH State only morbid conditions	tellhom			39,6
use such terms as Stillbirth, 20b, MATERNAL CAUSES	accum.			· · · · · · · · · · · · · · · · · · ·
Prematurity, Asphyxia, etc.)				
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELI	VERY	
While lonemia of memancy.	_			
I hereby certify that I   23a. ATTENDART'S SIGNATURE	(Specify if M. I	o., midwife, or oth	er)	23b. DATE SIGNED
attended the birth of this child who was born dead		M.	D.	
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNAT	TURE OF AUTHOR	IZED OFFICIAL	TITLE
at 3120. P m.   Idaho Falls Idaho	physician			
25a. BURIAL, CREM A- 25b. DATE 25c. NAME OF CEMETERY TION, REMOVAL (Specify)		25d. LOCATION (		• • • • • • • • • • • • • • • • • • • •
Parial July 9, 1954 Ammon Cemet	<del></del>		lle Coun	
REG.	26. EUNERAL DIRECTO	OR J	ADI	DRESS Idaho Falls
my 12-175 14 same rugger	mu	aux	المنتس	Idaho
<u> </u>				



PHS-797(VS)	ECEIVED49 Revision	of Standard Certificat	le)	State File	No	116
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	AUG 19 1954 RTIFICATE	OF STILLBI	RTH	Local Reg	. No	<u></u>
-		of Idaho		Reg. Dist.	No6.1.0	**********
1. PLACE OF STILLER	Africa of Vital Statistics	2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?)	
a. COUNTY Bonney	rille	a. STATE Cali	fornia	b. COUNTY	Los Angel	Les
b. CITY (If outside corporate to COR TOWN Idaho	limits, write RURAL and give township) Falls	c. CITY (If outside of TOWN Long	orporate limits, write Beach	RURAL and give	township)	· · · · · · · · · · · · · · · · · · ·
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION Sac	a hospital or institution, give street address or location) cred Heart Hospital	d. STREET ADDRESS 970	(If rural, give loo	id		
3. CHILD'S NAME (Type or Print)	Infant Garner					
4. SEX 5a. THIS	BIRTH 5b. II	F TWIN OR TRIPLET (This	shild born)   6. DAT	E OF (Mont	th) (Day)	(Year)
Male SINGLE	TWIN TRIPLET 1ST		STIL	E OF (Mont LBIRTH <b>Jul</b>		1954
7. FATHER'S NAME	a. (First) b. (M	lddle)	c. (Last)		8. COLOR OR	RACE
	Delmer		Garner		White	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPA	TION	11b. KIND OF	BUSINESS OR II	NDUSTRY
28 YEARS	Utah	Civil Serv	rice	v. s.	Navy	
12. MOTHER'S MAIDEN NAME	a. (First) b. (M.	-	c. (Last)		13. COLOR OR	RACE
	Elda Rut	<del></del>	Smith		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVI				<del></del>
29 YEARS	Idaho	a. How many children are now living?	b. How many of born alive but are	children were now dead?	c. How many children were	stillborn
Mrs. Elda Si	eith Garner	5	None		(born dead after pregnancy)?	20 weeks
18a. LENGTH OF PREG- 18b NANCY WEEKS	. WEIGHT AT BIRTH 19 Was a standar	d serological test i	or syphilis pe	rformed?	Yes. X	To
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	11		7	.34	96
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,		Clevern	ures	_	,	10
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES	Of -	- rel			
21. STATE ANY COMPLICATIO	NS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELI	VERY		
I hereby certify that I	23a. ATTENDANT'S, SIGNATURE	(Specify is M.)	D., midwife, or othe	r)	23b. DATE SIGN	IED
attended the birth of this child who was born dead	Jane H.	mill.	m.D		8-9-	54
on the date stated above	23c. ATTENDANT'S ADDRESS	II NOT   24. SIGNA	TURE OF AUTHOR	IZED OFFICIAL		TITLE
at m.		attended by physician				
TION REMOVAL (Secretary I	DATE 250. NAME OF CEMETE ROSE HILL		25d. LOCATION ( <b>Idaho</b>			(State) daho
BATE REC'D BY LOCAL REG	BISTRAR'S SIGNATURE	26 SPNERAL DIRECT	OR S	Such	DRESS Idaho	Falls
(	- Aug	- ware	a cer		· <u> </u>	Idaho
<b>&gt;</b>	( )					



PHS-797(VS)	RE	CEIVE	D (1949 Revis	ion of	Standard Certificat	ε)	State File	No. 1	17
FEDERAL SECURI PUBLIC HEALTH SE	RVICE AT	JG 19 ,954	CERTIFICA	OF STILLBIF	RTH	Local Reg	Local Reg. No. 15		
	Divisio	n of Vital Static	St	ate of	Idaho		Reg. Dist.	No	}
1. PLACE OF ST a, COUNTY			<del>stics</del>		2. USUAL RESID	ENCE OF MO	THER (When	e doss mother live?)	
a. COUNTY Bonneville					a. STATE Idaho b. COUNTY Bonneville				
j OR		mits, write RURAL and	give township)	C. CITY (If outside corporate limits, write RURAL and give township) OR					
		Falls,		TOWN Idaho Falls,					
I HUSPITAL UK		hospital or institution, gi	ive street address or lo	d. STREET (If rural, give location) ADDRESS					
INSTITUTION  3. CHILD'S NAM		Hospital .		Route 4					
(Type or Print)			2.22						
4. SEX	5a. THIS I	nin Tu		IRL	JOHNSON	<del></del>		·	
	r				WIN OR TRIPLET (Thise	hild born) 6. DAT	TE OF (Mon: LLBIRTH	th) (Day)	(Year)
Female   7. FATHER'S	SINGLE	a. (First)	TRIPLET []	ıst L		3RD	$J_{u}1$	y 31, 1951	<u>+                                    </u>
NAME				•	•	c. (Last)		8. COLOR OR RA	<b>ICE</b>
9. AGE (At time of thi	ie hirth)	DAVID  10. BIRTHPLACE (8		ROY	J UH 11a. USUAL OCCUPAT	NSON		White	
)10	YEARS	Iona.	Idaho	,		10/4	· _	BUSINESS OR IN	DUSTRY
12. MOTHER'S	ILANS	a. (First)		. (Midd	Farmer	c. (Last)	Farm	ing 13. Color or R	ACE
MAIDEN NAME		Mildred		,	Kea			White	AUE
14. AGE (At time of thi	s birth)	15. BIRTHPLACE (8	tate or foreign country	·)	16. CHILDREN PREVIO		THIS MOTHER (		nis child)
34	YEARS-	Laketown,	Utah		a. How many chil- dren are now living?	b. How many	children were	c. How many O	
17. INFORMANT	*	i. ( 1)	. //	<u> </u>	3	born alive buf a	Le Trom, creards	(born dead after 2 pregnancy)?	meeks
100	Males	donne on t	Muson			110110		pregnancy)? 110	,110
18a. LENGTH OF PRE		WEIGHT AT BIRTH	19 Was a star	ndard	serological test f	or syphilis p	erformed?	Yes No	,
WEEKS		LBS. 07S.	Approxima	ate dat	ie.				
CAUSE OF STILL		20a. FETAL CAUSES	F					34	3
State only morbid or causing fetal death ( use such terms as S	onditions do NOT	***	Time						
Prematurity, Asphyxi	a, etc.)	20b. MATERNAL CA		and	llis rung	of cer	in		
21. STATE ANY COMP	PLICATION	S OF PREGNANCY A	AND LABOR		22. STATE ALL OPERA	TIONS FOR DEL	IVERY		
I hereby certify attended the birth	of this	24. ATTENDAN	T'S SIGNATION	RE /	(Specify if M. F	midwife, or oth	er)	23b. DATE SIGNE	D
child who was bor on the date stated at	l above	23c. ATTENDANT'S	ADDRESS W	ا ر	If NOT 24. SIGNAT physician	URE OF AUTHOR	RIZED OFFICIAL	- ТІ	TLE
25a. BURIAL, CREM TION, REMOVAL (8peci	A- ty) 25b.	DATE -1-54	25c. NAME OF CE	METERY	OR CREMATORY	25d. LOCATION	(City, town, or	county) (	State)
DATE REC'D BY LOC RE		TRAR'S SIGNATUR	udies		26. FUNERAL DIRECTO	TR' . Klismo		DRESS	
U			J		The state of the s				للبناضيد

The Board of the sand sand sand AND LITE TO BE West. The same TAN NO SE BELLE POSE ON AN AND THE PROPERTY OF A N. A SHIP WAS IN CASE OF THE WAS ASSETTED TO SHIP IN THE PARTY OF TH in inches A PARTY AND THE PARTY OF THE PARTY OF Cartina and other to the sail. 4000A THE THE PARTY IN data Keliga Ligaria

PHS-797(VS)	REC	CEIVED	(1949 Revision of	Standard Certificat	e) State File	198			
FEDERAL SECUR	ETY AND	<b>627</b> 1954 (	CERTIFICATE	OF STILLBIR		2.1			
		of Vital Statisti	State of	Idaho	Reg. Dist	No. 362			
1. PLACE OF S	TILLBIR	RTH		2. USUAL RESID	ENCE OF MOTHER (When	re does mother live?)			
a. COUNTY C	anyon			a. STATE Idaho b. COUNTY Canyon					
b. CITY (If outsid	e corporate li	mits, write RURAL and s	rive township)	c. CITY (If outside corporate limits, write RURAL and give township)					
OR TOWN	Mampa	<b>.</b>	•	TOWN Nampa					
c. FULL NAME O	F (If not in	hospital or institution, giv	e street address or location)	d. STREET ADDRESS	(If rural, give location)				
HOSPITAL OR INSTITUTION		rcy Hospits	1	ADDRESS	511 Diamond				
3. CHILD'S NA (Type or Print		SEEVEN ALI	AN SMTTH						
4. SEX	5a. THIS			WIN OR TRIPLET (This	hild born) 6. DATE OF (Mor	ith) (Day) (Year)			
Male	SINGLE	X TWIN	TRIPLET 1ST	7 -	STILLBIRTH _	alv 20 1954			
7. FATHER'S NAME		a. (First)	b. (Midd		c. (Last)	8. COLOR OR RACE			
		Ferris	le	e	Smith	White			
9. AGE (At time of the	his birth)	10. BIRTHPLACE (Ste	ate or foreign country)	11a. USUAL OCCUPAT	TION 116. KIND O	BUSINESS OR INDUSTRY			
3 <u>9</u>	YEARS		, Kentucky	Foruman	Carne	ation Milk Co.			
12. MOTHER'S MAIDEN		a. (First)	b. (Midd	lle)	c. (Last)	13. COLOR OR RACE			
NAME		Mavus			Holmes	White			
14. AGE (At time of th		15. BIRTHPLACE (8ta	ate or foreign country)		DUSLY BORN TO THIS MOTHER	<del>` </del>			
17. INFORMAN	YEARS	Texas		a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks			
Faring	Lee	Smith	- P. S. Robert	2	none	pregnancy)?			
18a. LENGTH OF PR	REG-   18b.	WEIGHT AT BIRTH		serological test f	or syphilis performed?				
WEEKS		LBS. OZS.	Approximate da	te	-op-				
CAUSE OF STIL		20a. FETAL CAUSES				36,0			
State only morbid causing fetal death use such terms as	conditions (do NOT								
use such terms as Prematurity, Asphy:	Stillbirth, ria, etc.)	20b. MATERNAL CAL		/ / /	1,0	/ (			
01 07177 1117 001	1017101	110/4/054	e of umbil	/La/ Core	1 before engage	ment of presenting			
-m		IS OF PREGNANCY A	ND LABOR	22. STATE ALL OPER		par			
Tapenode		umbilice I C	ord.	Version					
I hereby certifattended the birth		23a. ATTENDAN	T'S SIGNATURE	(Specify if M. I	)., midwife, or other)	23b. DATE SIGNED			
child who was be on the date state	rn dead	23c. ATTENDANT'S A	Innores	If NOT   24. SIGNAT		22 ffly 54			
at 7:10a.		nampa	Deleko	attended by physician	TURE OF AUTHORIZED OFFICIA	L V VIIILE			
25a. BURIAL, CREI TION, REMOVAL (Spe	M A- 25b.	DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (City, town, or	county) (State)			
<u>-burial</u>	J	uly/23,1954	Kohlerlawn	Cemetery	Nampa, Idaho				
DATE REC'D BY LO	CAL REGI	STRAR'S SIGNATURE		25. TUNERAL DIRECT		DDRESS			
July 22, 1	9547	me Jane	Much	Dem I	Msib & N	ampa, Idaho			
1	- •		/	Alsio Fu	neral Chapel				
	<del></del>			<u>wrath to</u>	neral (Maper)	<del></del>			

NJ har The course of th THE WAS CONTRACTED AND THE WAS CONTRACTED AND THE C The state of the s The second section of the second section of Capture A to accompany to the control of the contro THE REST OF THE LOCAL PROPERTY CAN ADDRESS. for on femotery harma, Idaha £ 30000 Same Idaho

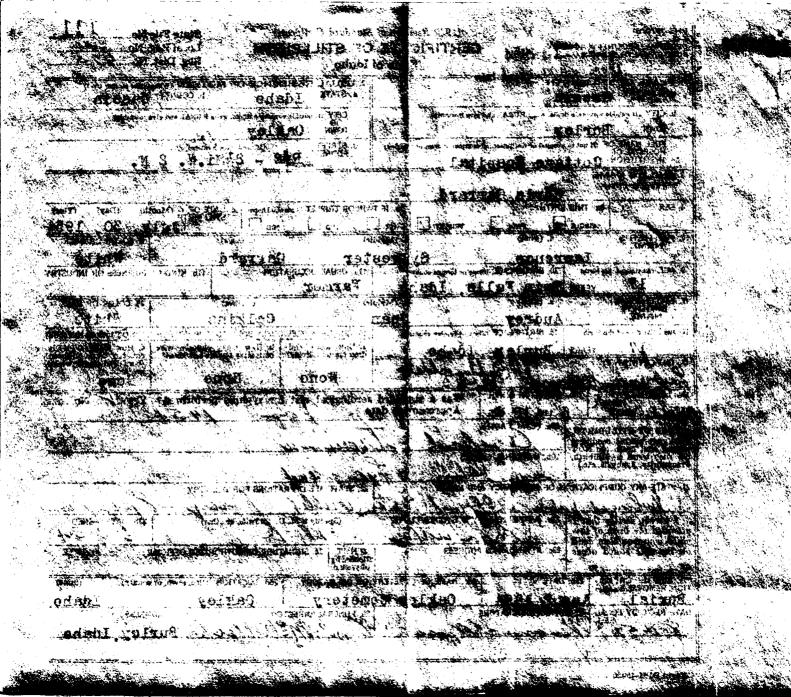
PHS-797(VS) 4-48 FEDERAL SECU	REC	EIVE	(1949 Revision of ERTIFICATE	Standard Certificat	RTH L	ate File cal Reg.	No3.	<u> </u>
	AU	<b>619</b> 1954	State o	f Idaho	Re	eg. Dist.	No	<b></b>
1. PLACE OF S a. COUNTY	anyon	of Vital Statis	tice	2. USUAL RESID	ENCE OF MOTH		does mother live	7)
b. CITY (If outsid	e corporate li	mite, write RURAL an	d give township)	c. CITY (If outside or	orporate limits, write RUR			
OR TOWN	Namp	a		TOWN	Homedale		•	
c. FULL NAME O HOSPITAL OR INSTITUTION		hospital or institution, y Hospital	give street address or location)	d. STREET ADDRESS Ru	(If rural, give location	)		
3. CHILD'S NA								····
((Type or Print		JOE	MICHAEL	QUINTANA				
4. SEX	5a. THIS		,5b. IF	TWIN OR TRIPLET (This o	hild born) 6. DATE OF	(Mont	h) (Day)	(Year)
Male	SINGLE	TWIN 🗆	TRIPLET 1ST	2ND	skild born) 6. DATE OF STILLBIF	Hily	28	1954
7. FATHER'S NAME		a. (First)	b. (Mide	ile)	c. (Last)		8. COLOR OF	RACE
		Jim			Quintana		White	
9. AGE (At time of the	his birth)	I .	State or foreign country)	11a. USUAL OCCUPAT	TION 11b.	KIND OF	BUSINESS OR	INDUSTRY
• 37	YEARS	Silver C	ity, Idaha	Farmer	F	armin	3	
12. MOTHER'S MAIDEN		a. (First)	b. (Mid	dle)	c. (Last)		13. COLOR O	R RACE
NAME		Vivian			Robinson		White	
14. AGE (At time of the	his birth)	15. BIRTHPLACE	State or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS	MOTHER ()	Oo NOT includ	e this child)
30:	YEARS	Spencer.	Idaho	a. How many chil- dren are now living?	b. How many childs born alive but are now	ren were	c. How many children were	OTHER stillborn
17. INFORMANT	2	unter	id	4	0		(born dead aft pregnancy)?	er 20 weeks
ENGTH OF PR NAI WEEKS	NCY	WEIGHT AT BIRTH LBS. OZS	19 Was a standard Approximate da	serological test f	or syphilis perfo	rmed?	Yes.	No
CAUSE OF STILL State only morbid causing fetal death	conditions	Tremateur	ty -/5/2	mo. sen	tori)		3	9.5
causing fetal death use such terms as Prematurity, Asphy:	Stillbirth, xia, etc.)	Premature	Trupt of Vhem	les auco 12/1/2	y auti	argue	identi	8/54
21. STATE ANY COM	APLICATION	is of pregnancy	AND LABOR	22. STATE ALL OPER/	ATIONS FOR DELIVERY	Y	7	
I hereby certif attended the birtl child who was bo	of this	23a. ATTENDA	NT'S SIGNATURE	(Specify if M. I	, midwife, or other)		23b. DATE SIG	NED -
on the date state		23c. ATTENDANT'S	ADDRESS	If NOT attended by physician	TURE OF AUTHORIZED	OFFICIAL		TITLE
25a. BURIAL, CREPTION, REMOVAL (800 Burial	MA- 25b.	DATE   1y 29, 195	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (City Nampa Id		ounty)	(State)
DATE REC'D BY LO		ISTRAR'S SIGNATU		26. FUNERAL DIRECT			Nampa.	Idaho
		1//		Alsip Fun	eral Chapel			

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PHS-797(VS) 4-48		R	ECE	I ViE	9 Poi	sion of	Standard Certif	icate)		State File	No		110
FEDERAL SECUR PUBLIC HEALTH SE	RITY AGE	NCY	.1111 9	CERT	FIC	ATE	OF STILLE	BIRTH		Local Reg	. No	رىچ	96
PODLIC HEALIN SE	-it A IOE	D:	rigion of V	C 10	S	tate of	Idaho			Reg. Dist.	No	¥	70
1. PLACE OF S	TILLBIR	TH	tara at 1	<del>1101-9(1</del>	holice	<del></del>	2. USUAL RE	SIDENCE	OF MC	OTHER (Where	does m	other live	
a. COUNTY	Cas	eia						daho	J. 1.1.	b. COUNTY	Min	idok	, .a
b. CITY (If outside			te RURAL and	give townsh	ip)				mits, write	RURAL and give		<del></del>	<u> </u>
OR TOWN	Burl						OR TOWN	_	aul				
c. FULL NAME O HOSPITAL OR	F (If not in	hospital o	r institution, gi	ve street add	ress or le	ocation)	d. STREET	<del></del>	ral, give lo	ocation)			
INSTITUTION	Cott	age	Hospi	t a l			ADDRESS	В	ox 2	292			
3. CHILD'S NA	ME												
(Type or Print	t)	1	inda	Sue	J	enni	nas						
4. SEX	5a. THIS				<del>-</del>		WIN OR TRIPLET	This child born)	6. DA	TE OF (Mont	th)	(Day)	(Year)
Female	SINGLE	X	TWIN .	TRIPLE	<u>.</u>	1ST	2ND	3RD □	STI	LLBIRTH JU	ly	11,	1954
7. FATHER'S NAME		a. (F	irst)			b. (Midd	le)	c.	(Last)		8. CO	LOR OR	RACE
		Ve	• • • • • • • • • • • • • • • • • • • •					Jenni	ng s		Wh	ite	
9. AGE (At time of the			RTHPLACE (8)				11a. USUAL OCCI	JPATION		11b. KIND OF	BUSIN	ESS OR	INDUSTRY
31	YEARS		field,	Ark	ans	as	Farmer	·		Agri	<u>cul</u>	ture	,
12. MOTHER'S MAIDEN		a. (F	irst)			b. (Midd			(Last)			LOR OF	
NAME			ristir				Rie	dling	er		ı W	hite	<u>,                                      </u>
14. AGE (At time of the	his birth)	15. BII	RTHPLACE (8)	tate or forei	en countr	.A.)	16. CHILDREN PR				Do NO	T includ	e this child)
25		Mc I	<u>ntosh.</u>	<u>s.</u>	Dak	ota	a. How many o dren are now livin	hil- b. Hov	v many ive but a	children were re now dead?	c. Ho	w many en were	OTHER stillborn
17. INFORMANT	7		1								(born	dead afte	er 20 weeks
XIVM.	Un	2	ng				none	M	ne		n		
18a. LENGTH OF PR	EG- 18b.	WEIGH	T AT BIRES	19 Was	a sta	undard	serological te	st for syp	hilis p	erformed?	Yes	X	No
WEEKS		LBS.	OZS.	App	roxim	ate da	e 4.30-	54					34,2
CAUSE OF STIL		20a. Fi	ETAL CAUSES	0	~		0		0		•		
State only morbid causing fetal death use such terms as	conditions (do NOT		tace	na	am	he	~ - Cer	eborl		noxen	w	<b>∞</b>	
use such terms as Prematurity, Asphyr	Stillbirth,   zia, etc.)	206. М	IATERNAL CA	USES								,	
		<u> </u>								· · · · · · · · · · · · · · · · · · ·			
21. STATE ANY CON	APLICATION	S OF P	REGNANCY A	IND LABO	R		22. STATE ALL OF	PERATIONS I	FOR DEL	IVERY	_		
roce yr	<del>ese</del> u	بعد	un			<u>:</u> i	Cyair	<u>ulo</u>	4 1	Cep	The same	<u> </u>	
I hereby certifattended the birth	y that I	777 M	TTENDAN	TESIG	NATU	JRE	(Specify if	M. D., midw	ife, broth	per)	23b. D	ATE SIG	NED C
child who was bo	rn dead	<u> </u>	100	LV	yu.	<u>u</u>		<u> </u>	7		15	سالي	<u> 42</u> 2
on the date state	ed above	23 A	TTENDANT'S	ADDRESS	. 0		If NOT 24. SIG	SNATURE OF	AUTHO	RIZED OFFICIAI	<b>L</b>	•	TITLE
at	m.	٧٧	areny	Or.	M		physician						
25a, BURIAL, CREI TION, REMOVAL (890	MA-   25b.	DATE	,	_			OR CREMATORY			(City, town, or	county)		(State)
Burial	-474	127	4		11 C	eme t		•	و ا ن	Idaho	_		
DATE REC'D BY LO	CAL REG	STRAR	S SIGNATUR	「ノ\ `	(	ا ۔،۱	26. FUNERAL PR	ECTOR	(	) AD	DRESS		
1-17-54		M	cllig &		<u>يا را</u>	<u>ug / 1</u>		unll	Z	uple	rle	У	
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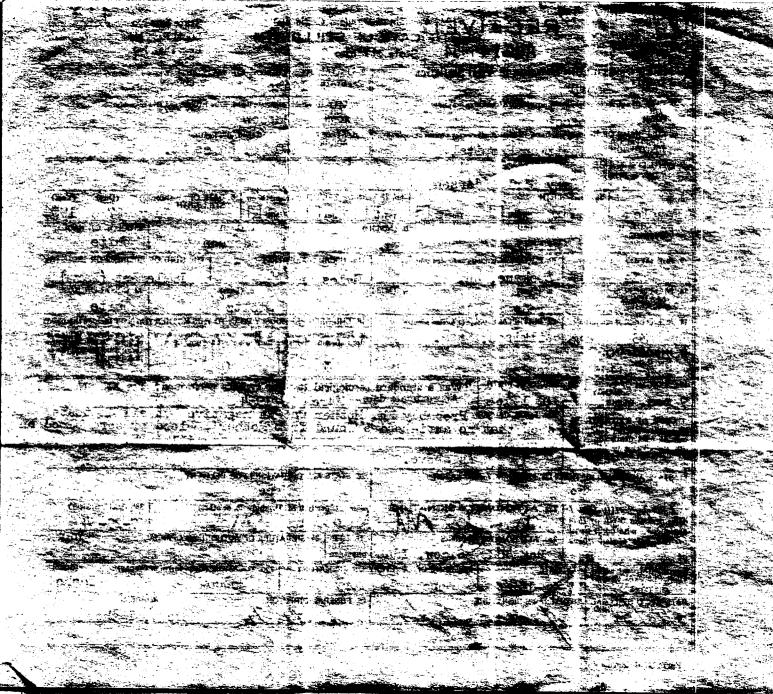
PHS-797(VS) 4-48		EIV			-	Standard Certifica	•	State File		111
FEDERAL SECUR PUBLIC HEALTH SE						OF STILLBI	RTH	Local Reg Reg. Dist.	No	20
Di	Vision a	L Vital S			State of	Idaho		Reg. Dist.	140	A
I LACE OF S	TILLBIF	₹TH				2. USUAL RESI	DENCE OF M	OTHER (When	e does mother	live?)
a. COUNTY	Cassi	a					aho		Cassi	
b. CITY (If outside OR	e corporate li	imite, write RI	JRAL and	give township)		c. CITY (If outside of	orporate limits, wri	te RURAL and give	township)	
<del></del>	Burle					TOWN Oa.	kley			
c. FULL NAME O HOSPITAL OR INSTITUTION	F (If not in		ditution, g		location)	d. STREET ADDRESS R	2 - 21M		N.	
3. CHILD'S NA ((Type or Print	ME	Chris	Ge:	rrard						
4. SEX	5a. THIS		UP.	rraru	5b. IF T	WIN OR TRIPLET (This	shild boso 6 D	TE OF (Mon	th) (Da	y) (Year)
	SINGLE	<b>3</b> ⊤w	IN 🔲	TRIPLET	1ST [	2ND [	3RD   ST	ILLBIRTH (MOIL Jul	· -	7 (100)
7. FATHER'S NAME		a. (First)			b. (Midd		c. (Last)	<u> </u>	8. COLOR	OR RACE
	Law	rence		S	zlves	ter	Garrard		Wh	ite
9. AGE (At time of the				State or foreign coun	try)	11a. USUAL OCCUPA		11b. KIND OF		OR INDUSTRY
17	YEARS	Twin	Fal:	ls Idal	ho	Farmer				
12. MOTHER'S MAIDEN		a. (First)			b. (Midd	lle)	c. (Last)	<del></del>	13. COLOF	OR RACE
NAME		Audre			Jear	1	Calkin	8	Wh	ite
14. AGE (At time of th	is birth)	15. BIRTH	PLACE (8	itate or foreign coun	try)	16. CHILDREN PREVI	OUSLY BORN TO	THIS MOTHER (	Do NOT in	dude this child)
17	YEARS	Burl	<b>9</b> 7	Idahe		a. How many chil- dren are now living?	b. How many	children were are now dead?	c. How in	any OTHER
17. INFORMANT	Ban	L J	On	lley, Ilda	ho	None	Nor		(born dead pregnancy N On	were stillborn after 20 weeks )?
18a. LENGTH OF PR	EG-   18b.	WEIGHT AT	BIRTH	19 77700 0 0						
NAI WEEKS	NCY	LBS. 12	ozs.	Approxim	nate da	serological test	ior syphilis	performed?	Yes	No
CAUSE OF STILI	LBIRTH	20a. FETAL	CAUSES	5 1 1		1-0				37,0
State only morbid causing fetal death	onditions		er	bergl	-1	rouma				9/10
causing fetal death use such terms as a Prematurity, Asphys	Stillbirth, da, etc.)	20b. MATE	RNAL C	NSES				· · · · · · · · · · · · · · · · · · ·		
		Su		ely.	<u> </u>	ie head				
21. STATE ANY COM		S OF PREG	NANCY A	AND LABOR	7	22. STATE ALL OPER	ATIONS FOR DE	LIVERY	60	<b>&gt;</b> .
notong.		abor-	200	egant )	oste	outer	Jus	cens-c	pu	Leis ling
I hereby certify attended the birth		23a. ATTI	ENDAN	TE SIGNAT	URE	(Specify if M. )	D., anidwife, or of	her)	Z3b. DATE	SIGNED
child who was bo on the date state		23c. ATTEN	DANT'S	ADDRESS	an	If NOT   24. SIGNA	TURE OF AUTHO	DITED OFFICIAL	<i>&gt;</i>	<del></del>
at	w woode		, D, 111, O	ADDICES		attended by physician	TURE OF AUTHO	KIZED OFFICIAL	_	TITLE
25a. BURIAL, CREM TION, REMOVAL (Spec	1 A- 25b.	DATE		25c. NAME OF	CEMETERY	OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
Burial		2.2.19	54	Oakl	ev C	metery	Oakl		,	Idahe
DATE REC'D BY LO	AL REG	ISTRAR'S SI				26, FUNERAL DIRECT			DRESS	Tach
8-11-54	EG. M	uon	ne	Mass	ارب	TernB M3	Culled	Bur	lev T	daha
				/					<del></del>	



	CEIVE				te File N	السين	12
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	YFY 31 1954C	ERTIFICATE	OF STILLBIF	RTH Loc	al Reg. N		<del></del>
<b>50.</b> •	sion of Vital Statis		Idaho	Reg	. Dist. No	o <i>J.J.</i>	<i></i>
1. PLACE OF STILLER	RIPE OF THE SURE		2. USUAL RESID	ENCE OF MOTHE		es mother live?)	
a. COUNTY	CREE		a. STATE	IDAHO b. CC	UNTY	ELMORE	
b. CITY (If outside corporate OR	_	<u>-</u> :	c. CITY (If outside so	rporate limits, write RURA	L and give to	wnahip)	
TOWNMOUNTAIN	HOME AIR FORC	E BASE, IM.	TOWN MOUN!	MAIN HOME			
c. FULL NAME OF (If not in HOSPITAL OR		street address or location)	d. STREET ADDRESS	(If rural, give location)			
INSTITUTIONUSAF	HOSP, MT. HOP	E AFE, IBA.	110	SOUTH 3RD	MAST		
3. CHILD'S NAME ((Type or Print)							
				GOODWIN			
4. SEX 5a. THIS			WIN OR TRIPLET (Thise	hild born) 6. DATE OF STILLBIRT	H (Month)	(Day)	(Year)
7. FATHER'S		TRIPLET 1ST		3RD 🔲 📗	" JUL	26	1954
NAME	a. (First)	b. (Midd	_	c. (Last)	8.	COLOR OR	RACE
0 ACE (A) (1 A) (1 A)	BILLY	1 <b>0</b> E		ROODWIN		CAU	
9. AGE (At time of this birth)	10. BIRTHPLACE (State		11a. USUAL OCCUPAT			JSINESS OR I	NDUSTRY
23 YEARS	a. (First)	b. (Midd	USAF (AIR)		SAF		
MAIDEN NAME		,	•	c. (Last)	13	. COLOR OR	RACE
14. AGE (At time of this birth)	FRANCES  15. BIRTHPLACE (State		LINE	MCFALL	OTUED (D	CAU	(3.1. 3.11.3)
· §	ALA., JACKS			DUSLY BORN TO THIS M			
17. INFORMANT	A A		a. How many chil- dren are now living?	b. How many childre born alive but are now	dead? ci	How many nildren were orn dead after	stillborn 20 weeks
x Belly o	Mord		ONE	NONE	þi	NON E	
NANCY	. WEIGHT AT BIRTH	<sup>9</sup> Was a standard	serological test f	or syphilis perfor	med? Y	es ì	Vo
40 WEEKS	BLBS. 52 OZS.	Approximate da	te.				
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	COOR OF COOR					36,0
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	COMPRESSI	ON OF CORD					
Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUS	ES					
21. STATE ANY COMPLICATIO	NE OF PRECNANCY AND	2 1 4 0 0 0					
21. STATE ANT COMPLICATIO	INS OF PREGNANCE AND	LABOR		THIRTY			
7.1	23a. ATTENDANA	IS SICNATURE	BREECH DEI				
I hereby certify that I attended the birth of this		SIGNATURE	(Specify II M. I	midwife or other)	- 1	b. DATE SIGN	
child who was born dead on the date stated above	23c. ATTENDANT'S AD	IDDECC	TANOT LA SIGNA	TURE OF AUTHORIZED			54
at m.	DC. ATTEMPART 5 AD	DKC33	If NOT 24. SIGNAT attended by physician	TURE OF AUTHORIZED	OFFICIAL		III LE
	. DATE 2	5c. NAME OF CEMETER)		25d. LOCATION (City,	town, or con	inty)	(State)
	ılv 28. 1954	Mountain	1	Mountain H	-		,/
	SISTRAR'S SIGNATURE	Pioditoalii	26. FUNERAL DIRECTO		ADDR		
July 28,1984	Ho Sinder	000	Bey Mortuar			iome. I	daho
1				100	100	10	12117
			Lon	ald (). Th	174		

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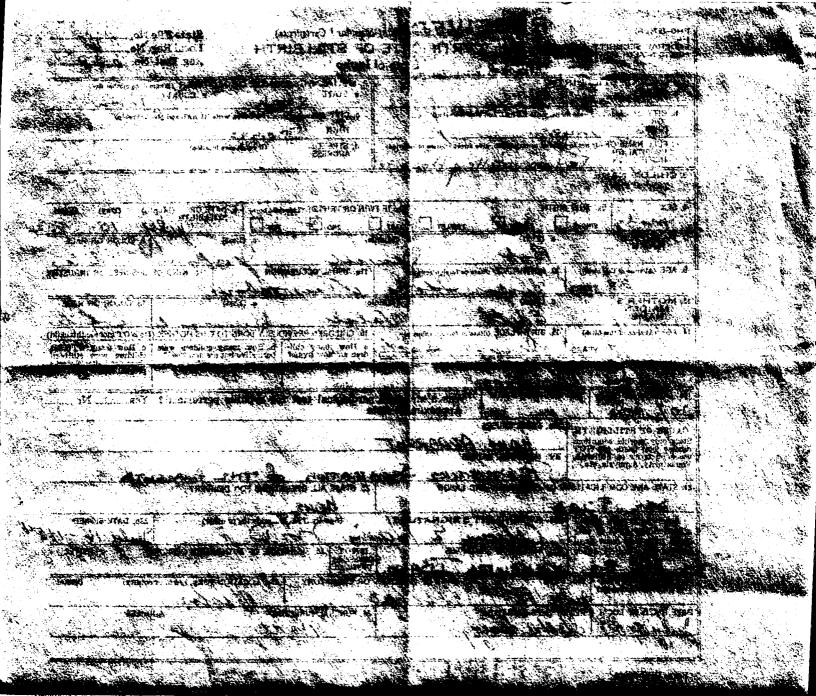
PHS-797(VS) 4-48	Loch	RECEL		Standard Certificat		• No. 113
FEDERAL SECURI PUBLIC HEALTH SE	TY AGEN		ERTIFICATE	OF STILLBIF		g. No
		AUG14				. No
- COUNTY	rillbir iatah	Division of Vit	al Statistics	a. STATE Idal	DENCE OF MOTHER (Who DO D. COUNTY	re does mother live?) Latah
b. CITY (If outside OR	corporate li	nite, write RURAL and a	ive township)	c. CITY (If outside o	orporate limits, write RURAL and give	re township)
TÖŴN	Mosc	014		TOWN 110	oscow	
c. FULL NAME OF HOSPITAL OR INSTITUTION	Gr not in 1	itman Hospi	e atreet address or location)	d. STREET ADDRESS 650	(If rural, give location)  No. Hayes St.	
3. CHILD'S NAM						
((Type or Print)	Ba	by Girl And	erson			
4. SEX	5a. THIS			WIN OR TRIPLET (This	shild born) 6. DATE OF (Mon	nth) (Day) (Year)
Female	SINGLE		TRIPLET 1ST	2ND	3RD U Ju	
7. FATHER'S NAME		a. (First)	b. (Mide	ile)	c. (Last)	8. COLOR OR RACE
		Hilding	₩.		Anderson	White
9. AGE (At time of thi	is birth)	10. BIRTHPLACÉ (84	ate or foreign country)	11a. USUAL OCCUPA		F BUSINESS OR INDUSTRY
44	YEARS		ln	Salesman		ement (Farm)
12. MOTHER'S MAIDEN		a. (First)	b. (Mide	ile)	c. (Last)	13. COLOR OR RACE
NAME		lfrede	<del></del>		Stoltz	White
14. AGE (At time of thi		15. BIRTHPLACE (8t			OUSLY BORN TO THIS MOTHER	<del></del>
36 17. INFORMANT	YEARS	Wilkison,	wasii.	a. How many children are now living?	b. How many children were born alive but are now dead?	children were stillborn (born dead after 20 weeks
				3	0	pregnancy)?
18a. LENGTH OF PR		nderson WEIGHT AT BIRTH	10	,	1	
9 mes weeks	icy 100.	us 133 ozs	Approximate da	te March 3.	for syphilis performed? 1954	
CAUSE OF STILL State only morbid of	BIRTH onditions	show that	Probably Rh.	Mother was	Rh negative but m Mother's blood	all Rh tests or cord blood o
State only morbid c causing fetal death ( use such terms as a Prematurity, Asphyx	tillbirth,	20b. MATERNAL CA	uses As ahove.		stillbi	39, g
21. STATE ANY COM	PLICATION	S OF PREGNANCY A	ND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
	No			N	one	
I hereby certify	that I	ZE ATTENDAN	T'S SIGNATURE	(Specify if M.	D., midwife, or other)	23b. DATE SIGNED
attended the birth	of this	don	XO NIA	Irelia	$\mathcal{I}_{\mathcal{M}}$	7-29-54
on the date state			DORESS	If NOT   24. SIGNA	TURE OF AUTHORIZED OFFICE	AL TITLE
at	m.	Box 402,		physician		
25a. BURIAL, CREM TION, REMOVAL (Spec	1 A- 25b.	DATE	25c. NAME OF CEMETER		25d. LOCATION (City, town, o	
Burial	1 7-	-281954	Moscow Cen	7— <del>— * </del>	Moscow	Idaho
R/10/54R	CAL REG	ISTRAR'S SIGNATURI	11	26. FUNERAL DIRECT	71	DDRESS
8/10/54		Hanene	Saylor	Kpuilk	Moscor	r. Idaho
• •	0	<b>7</b>		•		,



PHS-797(VS) RECEIVE 1049 Revision of	Standard Certificate	) State Fi	le No. 114
FEDERAL SECURITY AGENCY 1 30 95 GERTIFICATE	OF STILLBIR	TOCST KE	g. No. 43
Division of Vital Statistics  1 PLACE OF STILLBURTHS	i Idaho	Reg. Dis	t, No. 142
1. PLACE OF STILLBIRTH a. COUNTY	2. USUAL RESUDI	ENCE OF MOTHER (WE	ere does posther live?)
Sharken	e e	b. COUNTY	Soft Date day
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	C. CITY (If outside on OR TOWN	popate limits, write RURAL and	ive township)
c. FULL NAME OF (If not in hospital or hastitution, give street address or location)	d. STREET	(If rural, give logation)	
HOSPITAL OR INSTITUTION	ADDRESS	and bullet	. <del>/</del>
3. CHILD'S NAME	. ,		
(Type or Print) INFANT GI	r/T	1+++	
4. SEX 5a. THIS BIRTH 5b. IF 1	TWIN OR TRIPLET (This of	6. DATE OF (MC	onth) (Day) (Year)
TENNEL SINGLE TWIN TRIPLET ST		RD [ ]	4 18 1954
7. FATHER'S a. (First) b. (Mide	116)	C. (Last)	R. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State of foreign country)	11a. USUAL OCCUPAT	ION 11b. KIND (	OF BUSINESS OR INDUSTRY
2 4 YEARS CLASS	mine	4 11	uning
12. MOTHER'S a. (First) b. (Midd MAIDEN		c. (Last)	13. COLOR OB TACE
NAME EPMA		00/	White
14. AGE (At time of this birth) 15. BIRTHPLACE (Stay or foreign country)	a. How many chil-	USLY BORN TO THIS MOTHER b. How many children wer	
7 7 YEARS   1/1/17, INFORMANT	dren are now living?	born alive but are now dead?	children were stillborn (born dead after 20 weeks
Colony and Till	2	0	pregnancy)?
18a. LENGTH OF PREG. 18b. WEIGHT AFBIRTH 19 Was a standard	serological test f	or syphilis performed	YesX. No
30 WEEKS 4 LBS. OZS. Approximate de	ite.	<u></u>	36,0
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	91/00/	6/1	and to fort -
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	f well	Mingy	muel.
Prematurity, Asphyxia, etc.)			
21. STATE ANY COMPLICATIONS OF PRIGNANCY AND LABOR	22. STATE ALL OPERA	TIONS FOR DELIVERY	
William Kover	1 Turce	·	/
I hereby certify that I 23a. ATENDANT'S SIGNATURE attended the birth of this	Specify if M. I	., midwife, or other)	23b. DATE SIGNED
child who was born dead	II NOT   24. SIGNAT	TURE OF AUTHORIZED OFFIC	TITLE
on the date stated above at	attended by physician	ONE OF ACIAORIZED OFFIC	orcana v 111baba
25a. BURIAL. CREM A- 25b. DATE 25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (City, town,	or county) (State)
Bures 7/1954 July	range	Kullags	aldeko
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTO	21/2/1	ADDRESS
1/00/27	- Huns	M ANDEL	THE THE PARTY
11 /			' /// 7

THE STATE AS COTTAINING NO. S. STATE AT THE CHARLES THE THE COME OF THE COME Contained in the

PHS-797(VS) RECEIVE For Sion of 1	Standard Certificate	) State File	No. 115
FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE  JUL 20 ERTIFICATE	OF STILLBIR	TH Local Reg	
Division of Vital Status State of	Idaho	Reg. Dist.	No6.2.0
1. PLACE OF STILLBIRTH	2. USUAL RESID	ENCE OF MOTHER (When	does mother live?)
a. COUNTY Teton	a. STATE	aho b. COUNTY	Teton
b. CITY (If outside corporate limits, write RURAL and give township) OR		rporate limits, write RURAL and give	
TOWN Drickas	TOWN	1995	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION  CLOW  Valley  HOSPITAL  OR  191	d. STREET ADDRESS	(If use, give location)	
3. CHILD'S NAME ((Type or Print)			
4. SEX 5a. THIS BIRTH 5b. IF TV	VIN OR TRIPLET (This et	alld born) 6. DATE OF (Mon	h) (Day) (Year)
mole SINGLE TWIN TRIPLET IST	2ND 2- 1	RD STILLBIRTH	1- 15- 1954
7. FATHER'S a. (First) b. (Middle Back	e) ~	c. (Last)	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign county)  29 YEARS Vieler Olako	11a. USUAL OCCUPAT	ION 11b. KIND OF	BUSINESS OR INDUSTRY
12. MOTHER'S  MAIDEN  NAME  A. (First)  b. (Middle of the original of the orig	e) laic	c. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign opentry)		USLY BORN TO THIS MOTHER (	Do NOT include this child)
19 YEARS Driggs Idans	a. How many children are now living?	b. How many children were born slive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT Valaie Venkins	0	O C	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY NANCY LBS. OZS. Approximate dat	serological test fo	or syphilis performed?	Yes No
OAUSE OF STILLBIRTH   20a. FETAL CAUSES	<del></del>		36.2
State only morbid conditions			J 0, ~
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES		<u> </u>	······································
' MEMATURE JAPA	RATION C	of THE PLACES	17 A.
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	TIONS FOR DELIVERY	
See #206	MOHE		<u> </u>
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	(8 geold if M.D.	midwife, or other)	23b. DATE SIGNED
child who was born dead	my m	<u>リ</u>	July 16 - 190
	ttended by	URE OF AUTHORIZED OFFICIAL	TITLE
	physician OR CREMATORY	STALLOCATION (CIT.	(54-44)
TION, REMOVAL (Specifix) July 15-54 Michael	OR CREMATURY	25d. LOCATION (City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTO	_	DRESS
		<u></u>	<del></del>



PHS-797(VS) 4-48 FEDERAL SECURITY AG PUBLIC HEALTH SERVICE	RECEIV JUL 22 19	CERTIFICATE  State of	OF STILLBIR	e) RTH	State File Local Reg. Reg. Dist.	
1. PLACE OF STILLB a. COUNTY	Division of Vital	Statistica	2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?) Tefon.
b. CITY (If outside corporate OR TOWN	e limits, write RURAL and	give township)	c. CiTY (If outside or OR TOWN	11.		
c. FULL NAME OF (If not HOSPITAL OR INSTITUTION	in hospital or institution, give	ve street address or location)	d. STREET ADDRESS	(If run) six loo		
3. CHILD'S NAME ((Type or Print))	ers y as seg	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	S BIRTH	<u></u> 1	WIN OR TRIPLET (This	shild born) 6. DATI	OF (Mont	h) (Day) (Year)
Male   SINGL		TRIPLET L 1ST L		3RD		uly 15, 19,70
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR RACE
********	Rah	Jak	16//	Jenkin:	۲.	white.
9. AGE (At time of this birth)	10. BIRTHPLACE (S	tate or foreign country)	11a. USUAL OCCUPAT			BUSINESS OR INDUSTRY
2 9year	s Victor	Idaho.	DayLabor	ep		
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	•	c. (Last)		13. COLOR OR RACE
NAME	Edith Vo			BurnSic	1e	white.
14. AGE (At time of this birth)	15. BIRTHPLACE (8	tate or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO T	HIS MOTHER (	Do NOT include this child)
19 YEAR	s Nrigg	, Lako	a. How many chil- dren are now living?	b. How many co	hildren were	c. How many OTHER children were stillborn
17. INFORMANT	De 6 = 1		0	ے	,	(born dead after 20 weeks pregnancy)?
18a, LENGTH OF PREG- 1/18	6. WEIGHT AT BIRTH	' .	 <del> </del>	1	ł	
20 1/2 WEEKS	16. WEIGHT AT BIRTH LBS. 07.5.	19 Was a standard Approximate da	serological test it	for syphilis pe - (95	rformed?	Yes. No
CAUSE OF STILLBIRTH	20. FETAL CAUSES		77100	193	7	36,2
State only morbid condition causing fetal death (do NO? use such terms as Stillbirth		APPARENT				
use such terms as Stillbirth	, 20b. MATERNAL CA	USES		_		
Prematurity, Asphyxia, etc.)	PREM	MTURE SE	PARATION	of THE	PLACEL	<b>~</b> A.
21. STATE ANY COMPLICATI		IND LABOR	22. STATE ALL OPER	ATIONS FOR DELI	/ERY	<del></del>
Seg #20	<b>b</b>		hone			
I hereby certify that	7 23a. ATTENDAN	IT'S SIGNATURE		D., midwife, or othe	r)	23b. DATE SIGNED
attended the birth of this		in E Nan	in mi			16 Jely 1954
child who was born dead on the date stated above			II NOT   24 SIGNA	TURE OF AUTHOR	IZED OFFICIAL	TITLE
at 1 20 Pm.	REVBU	RG LDAHO	attended by physician			
25a BURIAL, CREMA- 25 TION, REMOVAL (Specify)	b. DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (	City, town, or	county) (State)
- (Jeans)	7- 15-54	Nicto	r	Vie	ter	Idako
DATE REC'D BY LOCAL REG.	CISTRAR'S SIGNATUR	£ .	26. FUNERAL DIRECT	OR	AD	DRESS
July 19-54 3	tella Gr	199	none	•		
` /						Ta T 1111 T 1

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PHS-797(VS)	CEIVE	Coat	S gamalana a anaka .				1 4 pg
4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE N:	UL 1 4 19500 TIE	LEVISION OF A	OE STILLBIE	?) >*****	State File Local Reg.		*********
PUBLIC HEALTH SERVICE DIVISIO	n of Vital Statistics	State of	Ur SIILLBIF Idaho	KIH	Reg. Dist.		20
1. PLACE OF STILLBIRTH	/ Juli Statistica		2. USUAL RESID	ENCE OF MO	TUED		
a. COUNTY Washingto	n		a. STATE Ida	ho	b. COUNTY W	lashing	ton
b. CITY (If outside corporate limits, wr OR TOWN Weiser	ite RURAL and give township)		c. CITY (If outside oo OR TOWN Wei		RURAL and give	township)	······································
c. FULL NAME OF (If not in bospital HOSPITAL OR INSTITUTION Weiser			d. STREET ADDRESS 105	(If rural, give loo W. 7th	St.		
3. CHILD'S NAME ((Type or Print) M	ARY ETHEL	MEGEE					
4. SEX 5a. THIS BIRTH		,5b. IF T\	WIN OR TRIPLET (This o	hild born)   6. DAT	E OF (Mont	h) (Day)	(Year)
Female single X	TWIN TRIPLET	ist [	1 —	3RD STIL	Jul (Haria		1954
NAME	First)	b, (Middl	е)	c. (Last)		8. COLOR OR	RACE
Charle		rbert		Megee		White	
	IRTHPLACE (State or foreign or iladelphia,	Penn.	Packer &		11b. KIND OF Cemer	BUSINESS OR	INDUSTRY
12. MOTHER'S a. ()	First)	b. (Middl		c. (Last)		13. COLOR OR	PACE
MAIDEN Ma	•	lnn	,	Burges	s	White	NACE
14. AGE (At time of this birth) 15. Bl	IRTHPLACE (State or foreign or	ountry)	16. CHILDREN PREVIO	USLY BORN TO T	HIS MOTHER (	Do NOT include	this child)
	irth, Idaho		a. How many chil- dren are now living?	b. How many oborn alive but ar		c. How many children were	OTHER
17. INFORMANT	Me Lee		0	0		(born dead afte pregnancy)?	r 20 weeks
18a. LENGTH OF PREGNANCY LBS		standard kimate dat	serological test f e	or syphilis p	erformed?	Yes	No
State only morbid conditions	TETAL CAUSES	IN NA	yxia -	Cereb	rad (	Comp	resse
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	MATERNAL CAUSES	ne					
21. STATE ANY COMPLICATIONS OF I	PREGNANCY AND LABOR		22. STATE ALL OPERA		VERY		
The state of the s	ATTENDANT'S SIGN	ATURE A	(Specify if M. D	., midwife, or th	er)	23b. DATE SIG	NED
attended the birth of this child who was born dead	16-0	11/0	your -	M.W.		7/9/	1954
on the date stated above 23c. A	ATTENDANT'S ADDRESS E. Idaho, Weis	er Td	If NOT attended by physician	URE OF AUTHOR	IZED OFFICIAL	•	TITLE
25a. BURIAL, CREMA- 25b. DATE TION, REMOVAL (Specify)			OR CREMATORY	25d. LOCATION	City, town, or a	ounty)	(State)
Burial 7-6-5	4	crest		Weis	. ••	• .	•
DATE REC'D BY LOCAL REGISTRAR		1	26. FUNERAL DIRECT		<del></del>	ORESS	<del></del>
7-6-54 REG. ///	ceHantly	orn	J. alue /s	romoso	~_Weis	er, Id	aho_
			,				

CONSTRUCTOR OF THE PARTY OF THE The second secon The state of the s THE THE PARTY OF THE LOW LAND TO SHAPE THE PARTY OF THE P The residence was the second s Construction of the second sec The strength of the strength o 

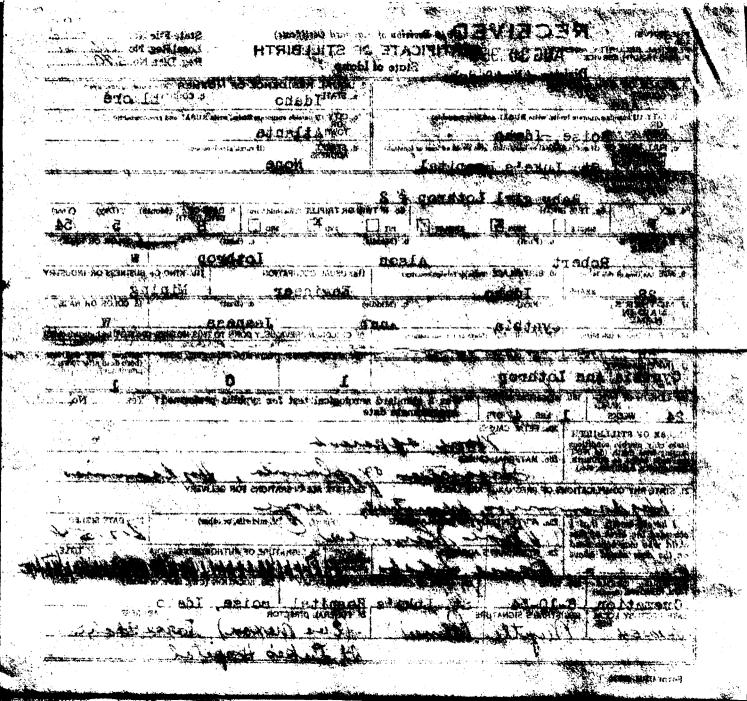
	ECFIVI	- D			~ ~	•	115
PHS-797(VS) 4-48	Alloani	ED49 Revision of	Standard Certificate	e)	State File		
PUBLIC HEALTH SERVICE		EVILLICVIE	OF STILLBIR	RTH .	Local Reg.	No. 32	*******
Di	vision of Vital Sta	State of	<b>Idah</b> o		Reg. Dist.	No. <u>270</u>	********
I. PLACE OF STILLBI	RTH		2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?)	
a. COUNTY		*	a. STATE_		b. COUNTY		
b. CITY (If outside corporate	limits, write RURAL and gi	ve township)	c. CITY (If outside of		Bois	town Max	
TOWN Boise.	٠.	re and the control of	) _OK		COLAD MIII BIV	cownsnig)	
c. FULL NAME OF Of not it	a hospital or institution, give	street address or location)	d. STREET	(If rural, give loss	ution)	<del></del>	
TUSPITAL UK	Lukes Hospi		ADDRESS P. C		53.		
3. CHILD'S NAME	1.70			, Doze		<del></del>	
(Type or Print)	BABY	GIRL	ROARK.	-			
4. SEX 5a. THIS			WIN OR TRIPLET (This	hild born) 6 DATE	OF (Mont	h) (Day) (	Year)
Female. single	X TWIN	TRIPLET 1ST	7 [	- STILL	BIRTH 28	1954	104)
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR RA	CE
Donald Robe	ert Roark.					White.	
9. AGE (At time of this birth)	10. BIRTHPLACE (Stat	te or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR IND	USTRY
21 YEARS	Kuna, Ide	aho.	Logger		Loggir		
12. MOTHER'S MAIDEN	a. (First)	b. (Midd		c. (Last)		13. COLOR OR RA	ACE
NAME	Loretta		B.	Kuck.	ļ	White.	
14. AGE (At time of this birth)	15. BIRTHPLACE (State	te or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO TI	IS MOTHER (I		is child)
23 YEARS	Bertran.	Nebraska.	a. How many chil- dren are now living?	b. How many co			
NFORMANT	1	Park	dien are now mynigr	DOTH MIVE DUE AFE	now dead?	c. How many O'l children were st (born dead after 20	liborn weeks
Conald K. Ros	un Box 6	3	None.	None.		None,	
18a. LENGTH OF PREG- 18b NANCY	. WEIGHT AT BIRTH	<sup>19</sup> Was a standard	serological test f	or syphilis pe	rformed?	Yes No	
WEEKS	LBS, OZS.	Approximate da	te.		• • • • • • • • • • • • • • • • • • • •		;;
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	, 1				20	
State only morbid conditions	$\mathcal{U}$	Menow	~~			39	10
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAU	SES					
,,							
21. STATE ANY COMPLICATIO	NS OF PREGNANCY AN	D LABOR	22. STATE ALL OPERA	TIONS FOR DELIV	ERY		
		,					
I hereby certify that I	23a. ATTENDANT	'S SIGNATURE	(Specify if M. I	., midwife, or other	) 1	23b. DATE SIGNED	
attended the birth of this child who was born dead	Sings	1 ( 2)	111110	m	1	0/3/	54
on the date stated above	ESC. APPENDANT'S AL		If NOT   24. SIGNAT	TURE OF AUTHORI	ZED OFFICIAL	J/ /117	1.F
11 _10.42.Pm.	Sais	e Ida	attended by physician			,	
Sa. BURIAL, CREMA- 25b FION, REMOVAL (Specify)	4	Sc. NAME OF CEMETERY		25d. LOCATION (	ity, town, or o	ounty)(8	tate)
Burial Ju	<u>1y. 31. 19</u>	54. Clove	rdale Mem	orial Pa	rk. Bo:	ise, Ida	no.
DATE REC'D BY LOCAL REG	SISTRAR'S SIGNATURE	$\bigcirc$	20 FOVEBAL DIRECTO	OR	ur ADD	RESS	
8-11-54 REG. 7	nextle -	talmer 1	Summers Fr				aho.
	7		ACCOUNTS IN	arace at II	الد و تسب	<u> </u>	• تبنید.
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MARKET AND ROBBE CONTRACTOR Continued. SU OF THE PROPERTY AND THE PROPERTY OF (with the property of the व्यक्षकार हो।

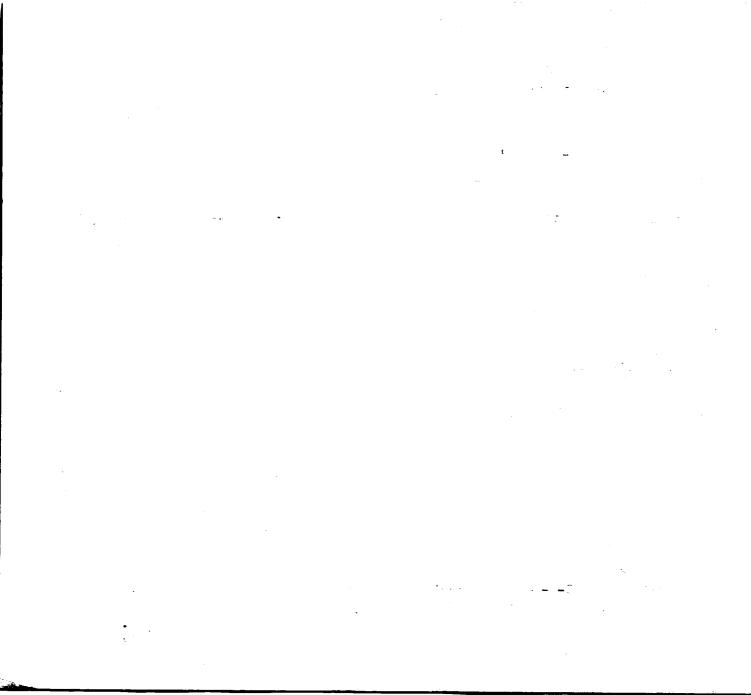
PHS-797(VS)	RE	CEIVE	(1949 Rev	ision of	Standard Certificate	ε)	State File	No.	40
FEDERAL SECUR	ITY AGE	<b>.954 ( 3 3 3 18</b>	CERTIFIC	ATE	OF STILLBIF	RTH		. No. 3/1	7
		ion of Vital Sta		state of	Idaho		Reg. Dist.	No. 370	*********
1. PLACE OF S	TILLBIR	тн			2. USUAL RESID	ENCE OF M		o does mother live	Ť)
a. COUNTY	Ada				a. STATE	ho	b. COUNTY	Enone	
OR	corporate li	mits, write RURAL and	give township)		c. CiTY (If outside ec	orporate limits, wri	te RURAL and give	township)	V
TOWN Bo		Idaho	1.2		TOWN At	Lanta			
c. FULL NAME OF HOSPITAL OR INSTITUTION	F (If not in	hospital or institution, g	ive street address or i	location)	d. STREET ADDRESS	(If rural, give	location)		
		luka s Ho	spitel .		I NO	ne			
3. CHILD'S NAI									
	B	aby girl	Lothrop	# 1	·				
4. SEX	5a. THIS	віктн		1 -	WIN OR TRIPLET (Thube	hild born)   6. D/	ATE OF (Mon	th) (Day)	(Year)
7. FATHER'S	SINGLE	a. (First)	TRIPLET L	b. (Midd		SRD ☐ ☐	8	5	54
NAME		B. (Filst)			•	c. (Last)		8, COLOR OF	RACE
9. AGE (At time of th		10. BIRTHPLACE (8		Als	SOR	Lethr		T DUCINESS OF	MONOTON
• • •		1	state or foreign count	ary)	1		1 .	BUSINESS OR	INDUSTRY
28 12. MOTHER'S	YEARS	a. (First)		b. (Midd	Engineer	c. (Last)	Minir	13. COLOR O	D DACE
MAIDEN NAME	Ç	ynthia		Ar	•	Jesn	<b>ess</b>	15. 65.55 %	N NHOL
14. AGE (At time of th	is birth)	15. BIRTHPLACE (E	State or foreign count	try)	16. CHILDREN PREVIO			Do NOT includ	le this child)
27	YEARS	tdaho			a. How many chil- dren are now living?	b. How many born alive but	children were are now dead?	c. How many children wer	e stillborn
17. INFORMANT		Tablemon			1	-0		(born dead aft pregnancy)?	er 20 weeks
		Lothrop				<u> </u>		1	
18a. LENGTH OF PR	NCY 18b.	WEIGHT AT BIRTH	19 Was a st	andard	serological test i	or syphilis	performed?	Yes	No
24 WEEKS	14	LBS. 7 OZS.	Approxim	nate da	(e.				<del></del>
CAUSE OF STILI		20a. FETAL CAUSE	Tralt	1. X	visted at	unal	2	ل	6,3
causing fetal death	(do NOT	20b. MATERNAL C	AUSES	7 700	10	- A			
Prematurity, Asphyr	ria, etc.)	enga	retion	07	placent	a 80/0	., Hy	leans	~io
21. STATE ANY COM	IPLICATION	NS OF PREGMANCY	AND LABOR	_ / /	22. STATE ALL OPER	ations for de	LÍVERY		•
NY	ris	mmer	Prema	lurely	none	٢			
I hereby c <b>e</b> rtify attended the birth		234 ATTENDAL	TANQUE ET	URE	(Specifi if M. I	midwife, or of	ther)	23b. DATE SIG	SNED 54
child who was bo	rn dead	1me	Mun	ulo				<u>'</u>	
on the date state at	d above m.	230 ATTENDANTS	Idaho		If NOT 24. SIGNA physician	Marchi	ORIZED OFFICIA	MARKE	antiel to
25a. BURIAL, CRENTION, REMOVAL (Spec	MA- 25b.	DATE	25c. NAME OF	CEMETERY	OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
Cramatio	n S	8-10-54		uke's	, Hospital	pois	e, Idah	lo	
DATE REC'D BY LOC	CAL REG	ISTRAR'S SIGNATUR	$\mathbb{R}^{\mathbf{E}} \mathcal{Q}_{1}$	1	26. FUNERAL DIRECT	OR 12	AI	DRESS	) 1 1
8-10-54		Regitle	Talme		st. Luk	is Hory	p. /-	mae de	deho
		U			lu Eva I	neron	/		
					7				<u> </u>

The Benefith of Sunder & - Supplies Accident with MEICATE OF STILLBIRTH THE DAY TO SELL. Street of Ideal dano. I I'M KING OF MUSICISS OR INCUTTE the USUAL GOODNATION 35.48 an 103.65 a 1 Feetners The Contract LABORES THE CHARLES AND MAN AS A SHELL THE WOLLD THE CONTRACT OF THE PROPERTY OF THE P the state of the state and state of the state of the second of the secon AL BIATE ALL OPERATIONS FOR DESIGNAY بالمعاسات وسيؤ (Number 1 14. 17 Institution on other) CENTRE STATE SEE e Hospital MON PHIC on La!

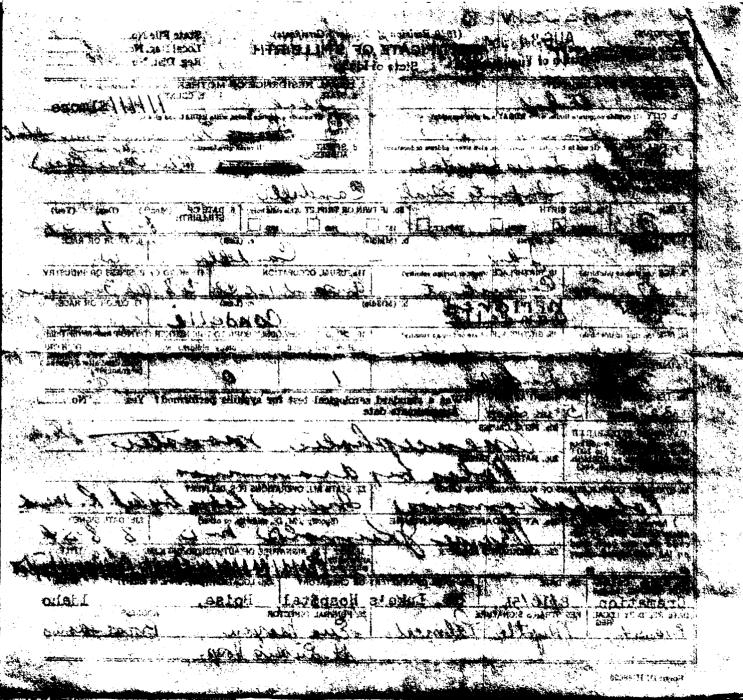
PHS-797(VS)	RE	CEIVE	10949 Revision of	Standard Certificate	e)	State File	120
4-48 FEDERAL SECURIT	Y AGEN	MENIC DIN TOE	ERTIFICATE	OF STILL BIE	?TH	Local Reg	
PUBLIC HEALTH SERV			ام عاصلتا	Idaho			No. 370
I. PLACE OF STI	Divi	aion of Vital Sta	tietice	2. USUAL RESID	ENCE OF M	TUED	
a. COUNTY				a. STATE Idaho	DENCE OF MC	b. COUNTY	1more
b. CITY (If outside so OR	rporate li	mite, write RURAL and a	ive township)	c. CITY (If outside ed	orporate limite, write	RURAL and give	township)
TOWN	oise	Idaho	e er martistia	TÖŴNALlar	ata		
c. FULL NAME OF ( HOSPITAL OR INSTITUTION	If not in l		e street address or location)	d. STREET ADDRESS NO.	(If rural, give lo	ocation)	
3. CHILD'S NAM	<u> </u>	Luke's Ho	Spirat	1101	70		
f Type or Print)		by girl I	othrop # 2				
4. SEX 58	Ba	BIRTH		WIN OR TRIPLET (This o	shild born) 6. DA	TE OF (Mon	th) (Day) (Year)
F ·	SINGLE	TWIN E	TRIPLET 1ST	2ND **	3RD STI	BIRTH "	5 5 <u>4</u>
7. FATHER'S NAME		a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR RACE
R	ober		Alson		Lothro	gc	#
9. AGE (At time of this l	birth)	10. BIRTHPLACE (84	ate or foreign country)	11a. USUAL OCCUPAT	rion		BUSINESS OR INDUSTRY
	YEARS	Idaho		Engineer		Mini	
12. MOTHER'S MAIDEN		a. (First)	b. (Midd	lle)	c. (Last)		13. COLOR OR RACE
NAME	· · · · · ·	Cynthia 15. BIRTHPLACE (86	<b>"</b> nr		Jeaness		l W
14. AGE (At time of this !	birth)	l <u> </u>	ate or foreign country)		<del></del>	<del></del>	(Do NOT include this child)
	YEARS	Idaho		a. How many chil- dren are now living?	b. How many born alive but s	children were tre now dead?	c. How many OTHER children were stillborn
17. INFORMANT Cynthia A	nn '	Lathron					(born dead after 20 weeks pregnancy)?
				<u>1</u> ,	1 0		1 .
18a. LENGTH OF PREG NANC 24 WEEKS	i- 18b. Y	WEIGHT AT BIRTH LBS. 4 OZS.	<sup>19</sup> Was a standard Approximate da		for syphilis p	erformed?	
CAUSE OF STILLB		20a. FETAL CAUSES	and adm	444-6			36,5
causing fetal death (do	NOT	20b. MATERNAL CA	Here	-		<u>, , , , , , , , , , , , , , , , , , , </u>	
Prematurity, Asphyxia,	, etc.)	Ing	arotion o	y places	ita,	Hydr	omis
21. STATE ANY COMPL	LICATION	is of Pregnance A	ND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	JVEŘY.	
·Hydr	-	miss.	premature	ty non	<u> </u>		
I hereby certify		23a. ATTENDAY	S SIGNATURE	(Specify if M. 1	, midwife, or ot	her)	23b DATE SIGNED
attended the birth of child who was born		In	Kum	nes -			817154
on the date stated		23c. ATTENDANT'S	adalo	If NOT 24 SIGNA physician	TURE OF AUTHO	RIZED OFFICIA	I COCA ALLA LA LA
25a. BURIAL, CREMA TION, REMOVAL (Specific	25b.	DATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or	county) (State)
Cremation		-10-54	St. Luke's		Boise,	Ida ho	D D T C C
DATE REC'D BY LOCA		ISTRAR'S SIGNATURI	+	26. FUNERAL DIRECT	TOR	, C	DDRESS
8-10-54	/	Mylle	Iamer	1- (coa 1)	uxon)	iones	2 Idaho
		V		At Juke	is those	etal	



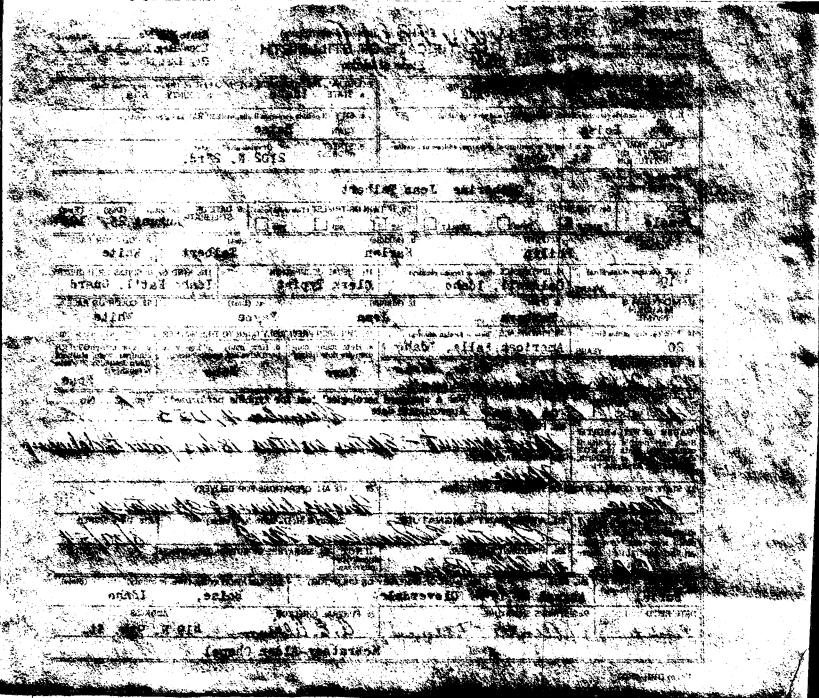
R	ECEIVED Revision of		* * * * * * * * * * * * * * * * * * * *	a No. 192
PHS-797(VS) 4-48	AUG 30 ERTIFICATE	Standard Certificate	State Fil	E 440
PUBLIC HEALTH SERVICE		g. No. 3/6 No. 3/0		
Div	ition of Vital Statistics State of	Idaho		L. IVO
1. PLACE OF STILLBIR	TH		ENCE OF MOTHER (WI	ere does mother live?)
a. COUNTY Probab	ly Ada County	a. STATE Unk	b. COUNTY	Unknown
b. CITY (If outside corporate lis OR	mits, write RURAL and give township)	c. CITY (If outside on	rporate limits, write RURAL and g	
TÖWN Unknown	a (Boise)	TOWN Unk	n carn	
	hospital or institution, give street address or location)	d. STREET ADDRESS	(If rural, give location)	
INSTITUTION Found	- Sutter's Canal	II	known	
3. CHILD'S NAME				
(Type or Print) (Unk	nown) INFANT JANE D	OE		
4. SEX 5a. THIS I	BIRTH	WIN OR TRIPLET (This o	hild born) 6. DATE OF (Mc	onth) (Day) (Year)
Female SINGLE	TRIPLET IST	2ND	STILLBIRTH Probably	August 6, 1954
7. FATHER'S NAME	a. (First) b. (Midd	le)	c. (Last)	8. COLOR OR RACE
	Unknown			White
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	TION 11b. KIND (	OF BUSINESS OR INDUSTRY
NA YEARS	NA	NA	NA	
12. MOTHER'S MAIDEN	a. (First) b. (Midd	ile)	c. (Last)	13. COLOR OR RACE
NAME -	Unknown			WAite
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)		DUSLY BORN TO THIS MOTHER	<del></del>
NA YEARS	NA	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
17. INFORMANT				(born dead after 20 weeks pregnancy)?
Boise City Poli		NA NA		
18a. LENGTH OF PREG- 18b.	WEIGHT AT BIRTH 19 Was a standard	serological test i	or syphilis performed	Yes No AO
Hout 24 WEEKS	3 LBS. OZS. Approximate da	te.		
CAUSE OF STILLBIRTH	20a. FETAL CAUSES			39,6
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	Unknown	^		- 170
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES	<b>-</b>		
	1 Unknow			
21. STATE ANY COMPLICATION	NS OF PREGNANCY AND LABOR		ATIONS FOR DELIVERY	
		<u>'</u>	None knows	<del>-</del>
I hereby certify that I attended the birth of this	23a. ATTENDANT'S SIGNATURE		D., midwife, or other)	23b. DATE SIGNED
child who was born dead	- Seem	au nis		1 6 august 54
on the date stated above	23c. ATTENDANT'S ADDRESS	lattended by	TURE OF AUTHORIZED OFFIC	IAL TITLE
at m.		physician		
TION, REMOVAL (Specify)	DATE 25c. NAME OF CEMETER		25d. LOCATION (City, town,	
	-7-64   Morris Hill			Ada, Idaho
DATE REC'D BY LOCAL REG.	ISTRAR'S SIGNATURE	26. FUNERAL DIRECT		ADDRESS
0-10-54	Nextle Talmer.	Luss Sell		18 N. Latah
(	//	7		
	<b>(</b>	RELYEA MOF	RTUARY	o <b>ise,</b> Idaho



PHS-797(VS) 4-43 FEDERAL SECURITY AGE PUBLIC HEALTH SERVEYISI	00 30 .354	emission of Stan			100
FEDERAL SECURITY AGE PUBLIC HEALTH SERVINISI	99 0 U 304	evenum uj prem	dard Certificate	) State	File No.
	CERIIF	CATE OF	STILLBIR	TH Local	Reg. No. 3/9
1 DI ACE OF CTU LEVE		State of Ida		Reg. I	ist. No
1. PLACE OF STILLBIR	TH			ENCE OF MOTHER (	
a. COUNTY	da		STATE	8. COUN	MARITORA
b. CITY (If outside corporate line) OR TOWN	imits, write RURAL and give township)	C.	OK /mar	porate limits, write RURAL an	d give township)
c. FULL NAME OF (If not in I	hospital or institution, sive atreet address	or location) d.	TOWN A	(If rural, give location)	ntain Home;
HOSPITAL OR INSTITUTION	Lufes Hoscital	2	ADDRESS	(if rural, give rounds)	in Jance Base
3. CHILD'S NAME ((Type or Print)	- l 1. + 9.	0 0	a d.0	0.	
4. SEX 5a. THIS I	BIRTH	15h IFTWING	OR TRIPLET (This of	hiid born) 6. DATE OF (	Month) (Day) (Year)
SINGLE		] tst [		PRO   STILLBIRTH	8- 7- 5
7. FATHER'S NAME	a. (First)	b. (Middle)	0	c. (Last)	8. COLOR OR RACE
	John			andelle	$\omega$ .
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign eo	untry)   11a.	USUAL OCCUPAT	ION 11b. KIN	D OF BUSINESS OR INDUSTR
27. YEARS	1 AND I WE WILL	b. (Middle)	magan	(c. (Last)	Cur Over By
MAIDEN NAME	Eandelle	b. (Middle)	(	Condelle	13. COLOR OR RACE
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign of	i—-			ER (Do NOT include this chil
A 8 YEARS	Connecticut	a. I	How many chil- n are now living?	b. How many children to born alive but are now deep	d? c. How many OTHE d: children were stillbor (born dead after 20 week
17. INFORMANT MILLEY	Cardelli		/	0	pregnancy)?
NANCY	WEIGHT AT BIRTH 19 Was a	standard sero	ological test f	or syphilis performe	
32 WEEKS 5	LBS. 2 OZS. Approx	imate date			
OAUSE OF STILLBIRTH State only morbid conditions	DAL PETALAUSES	o nh	10,	mons	1013 58
causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAS CAUSES	September 1	·		
Prematurity, Asphyxia, etc.)	Poly	hus o	tran	men	
21. STATE NY COMPLICATION	NS OF PREGNANCY AND LABOR .	22. 9	STATE ALL OPERA	TIONS FOR DELIVERY	1110 1
Polish	ydranno	re) 10	Enduc	ed loon l	yast. K. M
I hereby certiff that I attended the birth of this	23. ATTENDANT'S SIGNA	THRE	(Specify if M. I	o., midwife, or other)	23b. DATE SIGNED
child who was born dead on the date stated above	23c. ATTENDANT'S ADDRESS	1111	TOT   24. SIGNAT	TURE OF AUTHORIZED OF	FICIAL TITLE
at		atten	ded by	MARKENIA	with Admiral
	DATE   25c. NAME C	F CEMETERY OR	CREMATORY	25d. LOCATION (City, tow	n, or county) (State)
25a. BURIAL, CREMA- 25b.	1			Dadaa	Tack
Cremation 8			osp#tal	Boise,	ldah
Cremation   8	3/10/54 St.		FUNERAL DIRECTO		ADDRESS A
Cremation   8					



PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE	ITY AGEN	ECEIV	andard Certificate F STILLBIF	e) RTH	123					
	DI			of L	daho		Reg. Dist.	nt. No. 370		
1. PLACE OF ST a. COUNTY	TILLBIR	THE WAY S	atistics Ada	2	a. STATE Ida	ENCE OF MO	DTHER (Where	does mother live	f)	
OR	oorporate lis	nits, write RURAL and	give township)		c. CITY (If outside oo OR TOWN B	rporate limits, write	RURAL and give	township)	<del></del>	
c. FULL NAME OF HOSPITAL OR INSTITUTION		copital or institution, gi	ive street address or location	n)	d. STREET ADDRESS	2102 N.				
3. CHILD'S NA		Cath	erine Jean						——————————————————————————————————————	
4. SEX <b>Fenale</b>	5a. THIS E		r-n !	IF TWI	N OR TRIPLET (This of	hild born) 6. DA'		ust 25,	(Year) 1954	
7. FATHER'S NAME		a. (First) Philip		Middle)		c. (Last)	lbert	8. COLOR OR White	RACE	
9. AGE (At time of the 19	in birth) YEARS	10. BIRTHPLACE (8	Itate or foreign country)		1a. USUAL OCCUPAT			BUSINESS OR		
12. MOTHER'S MAIDEN NAME		a. (First) Barbara	b. (M	Middle) Jea		c. (Last) <b>Payne</b>	·	13. COLOR O		
14. AGE (At time of th	de birth)		itate or foreign country)		6. CHILDREN PREVIO			Do NOT includ	le this child)	
20 17. INFORMANT	YEARS		Falls, Idaho Boise Idaha		. How many chil- iren are now living?	b. How many born alive but a		c. How many children were (born dead aft pregnancy)?	stillborn	
Mrs. H.	0.7	ebert 16	16 Danner		NURG		HO	programo,	None	
18a'. LENGTH OF PR NA! HD WEEKS	NCY	WEIGHT AT BIRTH LBS. // OZS.	<sup>19</sup> Was a standa Approximate	rd se date	erological test f	or syphilis p	erformed?	Yes.X	No. 37.6	
CAUSE OF STILI	nonditions !	20a. FETAL CAUSES	munt -	Edl	tus in u	tuo 18	hers h	rur to d	delivere	
causing fetal death use such terms as Prematurity, Asphyr	Stillbirth, da, etc.)	20b. MATERNAL &							/	
21. STATE ANY COM		S OF PREGNANCY	AND LABOR	2	2. STATE ALL OPERA	TIONS FOR DEL	IVERY	atomy		
I hereby certify attended the birth child who was bo	of this	238. ATTENDAN	NT'S SIGNATURE	7	(Specify if M. D	., midwife or oti	ber)	23b. DATE SIG	SNED S-4	
on the date state	d above m.	23c. ATTENDANT'S	ADDRESS - Buse	ati	If NOT 24. SIGNAT tended by hysician	URE OF AUTHO	RIZED OFFICIA	L 7 - 7	TITLE	
25a, BURIAL, CREM TION, REMOVAL (8po BUT 181	MA- 25b.	DATE gust 27,19	25c. NAME OF CEMENTS CLOVER CL	_	OR CREMATORY	25d. LOCATION Bo 1		county) Idahe	(State)	
DATE REC'D BY LOC	CAL REGI	STRAR'S SIGNATUR	E /	2	6. FUNERAL DIRECTO	OR .	AD	DRESS		
9-8-54 "		Nextle	Talmer	$\bot$	4. E. W	Her-	419 N.	9th. S	t.	
		<i>(</i> /		M	cBratney-Al	dem Chap	<b>el</b>			



PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE	ITY AGE	RECEIV	(1949 Revision of CERDFICATE State of	Standard Certificate OF STILLBIF	e) RTH	State File No. 33 4		
				Idaho		Reg. Dist.	No3.7.6	
1. PLACE OF S	TILLBIR da	With !	Statistics	2. USUAL RESID	ENCE OF MO	DTHER (Where	doss mother live?	)
OR	001907ate li	mite, write RURAL and	give township)	c. CiTY (If outside or OR TOWN	boise	RURAL and give	township)	
	F (If not in )	hospital or institution, gi	ve atreet address or location)	d. STREET ADDRESS 508	(If rural, give lo	outon) 5th Str	eet	<del></del>
3. CHILD'S NA ((Type or Print	ME )		Brock					
4. SEX	5a. THIS			WIN OR TRIPLET (This	shild born) 6. DA	יודמים וו		(Year)
F	SINGLE		TRIPLET 1ST		9RD	8 : 1100	- 30	- 54
7. FATHER'S NAME		a. (First)	b. (Midd	lle)	c. (Last)		8. COLOR OR	RACE
	John		Fred	i	Bro	3 K	M	
9. AGE (At time of th		10. BIRTHPLACE (8	tate or foreign country)	11a. USUAL OCCUPAT			BUSINESS OR	_
26 12. MOTHER'S	YEARS	idaho a. (First)		rruck dr		sand	o grav	
MAIDEN NAME	. 12	urneas	b. (Midd B	•	c. (Last)	ļ	13. COLOR OR	RACE
14. AGE (At time of th			tate or foreign country)	16. CHILDREN PREVIO		MIS MOTHER (		this child)
26	YEARS	₄daho		a. How many chil- dren are now living?		children were	c. How many children were	OTHER
17. INFORMANT		7.		-	_		(born dead afte	r 20 weeks
burness		rook		5	0		pregnancy)?	)
18a. LENGTH OF PR NAI 38 WEEKS	NCY C	LBS. 12 <sub>OZS</sub> .	<sup>19</sup> Was a standard Approximate da	serological test i	or syphilis p	erformed?	Yes.	No
CAUSE OF STILI	oonditions	20a. FETAL CAUSES	www Couls	pay to le	I Law	e Course	, 3	9,6
causing fetal death use such terms as Prematurity, Asphyr	Stillbirth, ria, etc.)	20b. MATERNAL CA	USES			SUMME	<u> </u>	
21. STATE ANY COM	IPLICATION	IS OF PREGNANCY	IND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	IVERY	<del>,</del>	
non	ne			no	ene			
I hereby certify attended the birth child who was bo	of this	23a. ATTENDAN	IT'S SIGNATURE	(Specify if M. I	o., midwife, or oth	let)	23b. DATE SIG	NED /574
on the date state		23c. AFTENDANT'S	ADDRESS	If NOT attended by physician	TURE OF AUTHO	RIZED OFFICIAL		TITLE
25a. BURIAL, CREM TION, REMOVAL (Spec	AA- 25b.	DATE	25c. NAME OF CEMETER	OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
Crematio		-1-54	St. Luke's	Hospital	Boise	) <u>1</u> (	daho	
DATE REC'D BY LO		STRAR'S SIGNATUR		26. FUNERAL DIRECT			DRESS	
9-3-54	7	Nextle	Talmer	St. Luke	s Hospi	tal	boise.	ıdaho
				Telu .	BRAS	adure	istrator	,

RIGHT WELL THOUSAND BEING THE PROPERTY. CHARLES OF THE STATE OF THE SOUND TO THE SOUND TOWN The section of the section of the section of TO SHOP AND THE PROPERTY OF STATE OF ST क्षान्य व्यवस्था THE RESERVE OF THE PARTY OF THE DE LOS TESTES DE LOS DELOS DE LOS DE Office 22.W. . CM Latin 1941 . The Land

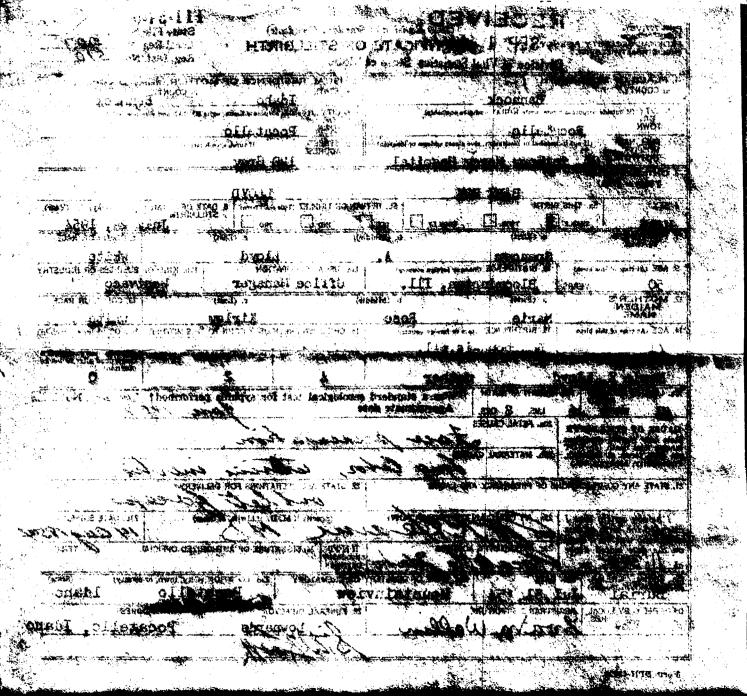
1. PLACE OF S	Di	vision of Vital	Statistico S	State of	2. USUAL RESID	Reg. D	
a. COUNTY	Banno	ck		.	a. STATE	[daho b. COUNT	y Bannock
b. CITY (If outside	le corporate l	imite, write RURAL and	give township)		c. CiTY (If outside o	orporate limits, write RURAL and	
TÖWN	Poce	atello			OR TOWN	Pocatello	
INSTITUTION	St. I	hospital or institution, gi Anthony Mer			d. STREET ADDRESS	(If rural, give location) 845 West Whitm	an
3. CHILD'S NA ((Type or Prin	t)	BARRY			LEMUEL	WHITING	
4. SEX	5a. THIS			5b. IF T	WIN OR TRIPLET (This	shild born) 6. DATE OF (N	Month) (Day) (Year
MALE	SINGLE	TWIN A	TRIPLET -	1ST	2ND	July 10	. 1954
7. FATHER'S NAME		a. (First)		b. (Midd	е)	c. (Last)	8. COLOR OR RACE
9 AGE (As also as		LIO DIDTUDI ACE IO		ernel	11a. USUAL OCCUPAT	Whiting	white
			lo, Idaho				OF BUSINESS OR INDUST
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	le)	c. (Last)	13. COLOR OR RACE
NAME		Norma				Larsen	white
14. AGE (At time of t	hie birth)	15. BIRTHPLACE (8		th)	16. CHILDREN PREVI	DUSLY BORN TO THIS MOTH	ER (Do NOT include this ch
18 17. INFORMAN	18 YEARS   Pocatello, Idaho				a. How many chil- dren are now living?	b. How many children w born alive but are now dead	(born dead after 20 wee
Norma Whi	tiling		mother		1	0	pregnancy)?
18a. LENGTH OF PI NA 22 WEEKS	NCY	LBS. 2 OZS.	19 Was a sta Approxim	andard nate da	serological test i	or syphilis performed	? Yes No
CAUSE OF STIL	LBIRTH conditions	20a. FETAL CAUSES	51/2 /MA	u tk	Solation	·	39,3
State only morbid causing fetal death use such terms as Prematurity, Asphy	(do NOT Stillbirth, xia, etc.)	20b. MATERNAL CA	AUSES /	f COA	14105		
21. STATE ANY COI	MPLICATION	NS OF PREGNANCY	AND LABOR			ATIONS FOR DELIVERY	
Hya	rain	NIOS	<del>U</del>		Nonu	, -	
I hereby certifattended the birt child who was be	h of this orn dead	23a. ATTENDAN	NT'S SIGNATI Wextel	1/	mD.	)., midwife, or other)	23b. DATE SIGNED 8-20-54
on the date stated above 23c. ATTENDANT'S ADDRESS  If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL  TITLE  attended by physician							
25a. BURIAL, CRE TION MMOVAL (8p	# Ju	by 10,1954	Les Berry	EMETERY Maga	OR CREMATORY	25d. LOCATION (City, town	por county) (State
DATE REC'D BY LO	CAL   NEG	ISTO AR'S SIGNATUR	ε \		26. FUNERAL DIRECT	OR	ADDRESS

TO A STREET WHEN THE STREET STREET STREET STREET with the state of For Disc Bold Divinguish Tital Statistic Comp of Statistic So le Tacife de la Data de la Company le Data de La Company le Data de la Company le Data del Data de la Company le Data de la Company le Data de la Compa Total And the second of the control white THE CONTRACT OF SECURITY SECUR of land Cares 1007 855 (Note: Note: No

•	12 22	CEIVE	<b>*</b>		•	111-24	-0-	-1.20
PHS-797(VS) RECEIVED (1949 Revision of Standard Certificate)							No	
FEDERAL SECUR	TTY AGE	NED 1 954	CERTIFICATE	OF STILLBI	RTH	Local Reg.	No. 2.00	
TODEIG HEALIN SE		•	Clarks a	f Idaho	:	Reg. Dist.	No. 5/	
1. PLACE OF S	TILLBIF	on of Vital Stati		2. USUAL RESID	SENCE OF MOT	ūro -		
a. COUNTY				ll a. STATE		COUNTY	doss mother live?)	
	nock		<u> </u>		ano		Bannock	
ı or		imits, write RURAL and	give township)	II UK	orporate limits, write R	URAL and give	township)	
TOWN Poc					rt Hall	·		
HUSPITALUK			ve street address or location)	d. STREET ADDRESS	(If rural, give locat	ion)		
INSTITUTION	TOTAL LA	ock Memoria	L Hospital					
3. CHILD'S NA  (Type or Print							· · · · · · · · · · · · · · · · · · ·	
<u>u 1990 or 1788</u>			MARY KAT	THRYN JOLLEY				
4. SEX	5a. THIS	BIRTH		TWIN OR TRIPLET (This	shild born) 6. DATE	OF (Mont	h) (Day)	(Year)
Female	SINGLE	X TWIN	TRIPLET 1ST	2ND	3RD STILL	ыктн <b>J</b> ul:	<b>v</b> 17.	705),
7. FATHER'S NAME		a. (First)	b. (Mide	ile)	c. (Last)		8. COLOR OR	RACE
14711112		John			Jolley	Jr.	White	
9. AGE (At time of the	sie birth)	10. BIRTHPLACE (8	tate or foreign country)	11a. USUAL OCCUPAT			BUSINESS OR I	NDUSTRY
33	YEARS	Oberlin, (	Ohio	Forester			dian Age	
12. MOTHER'S MAIDEN		a. (First)	b. (Mide		c. (Last)	<u> </u>	13. COLOR OR	
NAME		Shirlev	Virgi	mia	Kveldsen	1		
14. AGE (At time of th	ie birth)		tate or foreign country)	16. CHILDREN PREVI	OUSLY BORN TO TH	S MOTHER (	Do NOT include	this child)
28	YEARS	New Haver		a. How many chil-	b. How many chi born alive but are i		c. How many children were	
17. INFORMANT		ALL ALL VILLE	10 VEHINICAL	dren are now living?	born alive but are :	low dead?	children were (born dead after	stillborn 20 weeks
Shirler	Wi med	ma Jolley		One	None	. 1	pregnancy)?	
18a. LENGTH OF PR	EG-   18b.	WEIGHT AT BIRTH	1 19 17700 0 040 7		None	<u> </u>	None	
LO WEEKS	NCY	t LBS. doneozs.	19 Was a standard Approximate da	serological test i	for syphilis per	formed?	YesXN	То
		20a. FETAL CAUSES		0 0/ 1	- A A			<del></del> ,
CAUSE OF STILI			( meaout)	U CRUDDA AS	ODULA (1)	ds.	3	8,1
causing fetal death use such terms as	(do NOT	20b. MATERNAL CA	USES /	x 10/2000	2/040	<del>,</del>		
Prematurity, Asphyr	ria, etc.)	DD, MATERIAL OF	flow.	•	•			
21. STATE ANY COM	IPLICATION	NS OF PREGNANCY A	AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVE	RY	17	
				l, Craw	collete	ech y	telle	7.
I hereby certify	y that I	23a. ATTENDAN	IT'S SIGNATURE	(Spegifyit MA I	)., midwife, or other)	W	23b. DATE SIGN	ED
attended the birth	of this		91	7-K. (TUU	eu Hu	<b>1</b> 0,	8-5-	541
on the date state		234 ATTENDANT'S	APPRESS A	If NOT   24. SIGNA	TURE OF AUTHORIZ	ED OFFICIAL		ITLE
at 7:05 P.	_ m.	vocavov	yo, He alla.	attended by physician				
25a. BURIAL, CREM TION, REMOVAL (8pe		DATE	25c. NAME OF CEMETERY		25d. LOCATION (C	ty, town, or c	ounty)	(State)
Burial	7-1	22-54	Mountainview	Cemetery	Pocatel	lo Ban	nock ]	daho
DATE REC'D BY LO		STRAR'S SIGNATURI	Ę ,	8. FUNERAL DIRECT	OR /	ADD	RESS 🙍 🛕	<u> </u>
NUG 3 0 <b>1954</b> R	EG.	va. m. 1	Dalli (	The same of	Shank	1	1111	
		<del> </del>						
	<b>, .</b>				<del></del>		<del> </del>	

tions of Transferred Consecutors inc dut & Sect and the second s The solution of the solution o MATERIA DO COLO TATALON DA TATALON The Manager , Idnes

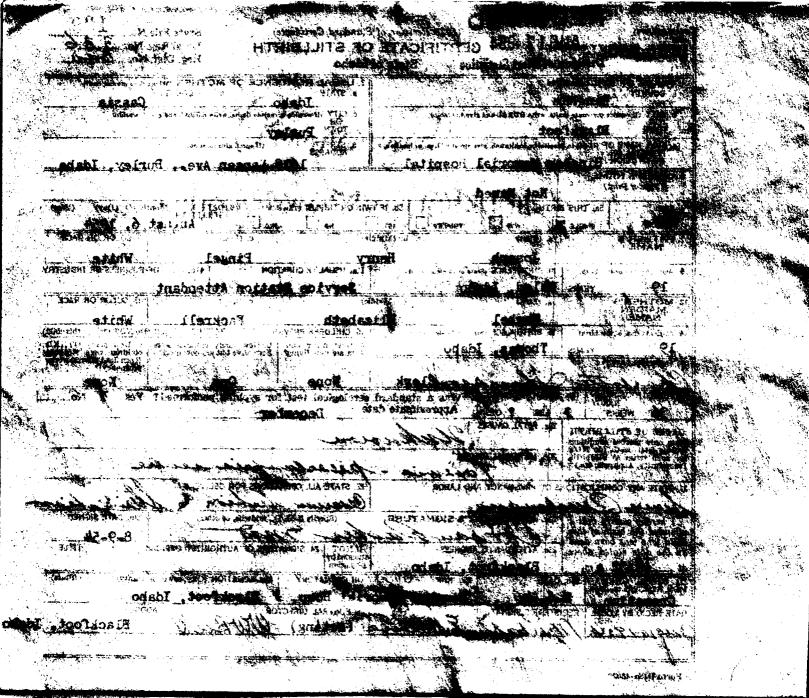
PHS-797(VS)	F	RECEIV	/ED (1949 Revision	of Standard Certificat	<b>l</b> (e)	11-54-() State File No	12
FEDERAL SECUR PUBLIC HEALTH SE	RVICE	Weight Ti	WERTIFICATE	COL SHEERI	RTH	Local Reg. No	
	I	Division of Vital	1 Statistics State	of Idaho		Reg. Dist. No	<i>L.Q</i>
1. PLACE OF S	TILLBIR	₹TH		2. USUAL RESID		THER (Where does mother	live?)
a. COUNTY		Bannock		a. STATE Ide	aho	b. COUNTY Bannock	
OR	s corporate li	imits, write RURAL and	give township)	c. CiTY (If outside o	orporate limits, write B	URAL and give township)	
TOWN		atello		TOWN Poo	atello		
c. FULL NAME OF	F (If not in )	hospital or institution, gi	ive street address or location)	d. STREET ADDRESS	(If rural, give loce	tion)	
INSTITUTION	St. A	nthony Merc	<u>y Hospital</u>	120	Gray		
3. CHILD'S NAI					* **		
	·	BABY B			LLOYD		
4. SEX	5a. THIS		,5b. I	F TWIN OR TRIPLET (This	child born) 6. DATE	OF (Month) (Day	) (Year)
MALE	SINGLE		TRIPLET 1ST	2ND	3RD	July 29,	1954
7. FATHER'S NAME		a. (First)	b. (M	iddle)	c. (Last)	8. COLOR	OR RACE
		Spencer	A.	I	loyd	white	9
9. AGE (At time of th	is birth)		itate or foreign country)	11a. USUAL OCCUPA		116. KIND OF BUSINESS	OR INDUSTR
50	YEARS		gton, Ill.	Office Ma	nager	Westvaco	
12. MOTHER'S MAIDEN		a. (First)	b. (M	iddle)	c. (Last)	13. COLOR	OR RACE
NAME		Marie	Rose		Kirley	white	9
14. AGE (At time of the	ie birth)	15. BIRTHPLACE (8	State or foreign country)			IIS MOTHER (Do NOT inc	
41	YEARS	Bourbonna	is,Ill,	a. How many chil- dren are now living?	b. How many cl born alive but are	nildren were c. How man now dead?	any OTHER
17. INFORMANT		_			1	(born dead pregnancy)	after 20 weeks
Marie K.			mother	4	2	(	). 
18a. LENGTH OF PR	NCY 18b.	WEIGHT AT BIRTH	<sup>19</sup> Was a standar	d serological test	for syphilis pe	rformed? Yes.	No
40 WEEKS	. 14		Approximate of	late.	gan	1954	
	16	LBS. 8 ozs.	<u> </u>				
CAUSE OF STILI	LBIRTH	LBS. 8 OZS. 20a. FETAL CAUSES	<u> </u>			3	14,2
State only morbid o	LBIRTH	20a. FETAL CAUSES	tace p	resentas	lion .		4,2
State only morbid of causing fetal death ( use such terms as a Prematurity, Asphyx	LBIRTH conditions (do NOT Stillbirth, via, etc.)	20a. FETAL CAUSES  E 20b. MATERNAL CA	tace p	han ut	ron .	nerti;	2 14
State only morbid of causing fetal death ( use such terms as a Prematurity, Asphyx	LBIRTH conditions (do NOT Stillbirth, via, etc.)	20a. FETAL CAUSES	tace p	bon, etc. 22. STATE ALL OPER	resic le	nertis	1 K1 2
State only morbid causing fetal death (use such terms as EPrematurity, Asphyx  21. STATE ANY COM	LBIRTH conditions (do NOT Stillbirth, ria, etc.)  PLICATION  y that I	20a. FETAL CAUSES 20b. MATERNAL CA	Hace parties of the second labor	(Specify if M. )	ATIONS FOR DELIV	ceps. 23b. DATE	
State only morbid causing fetal death ( nase such terms as  Prematurity, Asphyx  21. STATE ANY COM  I hereby certify attended the birth	LBIRTH conditions (do NOT Stillbirth, sia, etc.)  IPLICATION  y that I i of this	20a. FETAL CAUSES 20b. MATERNAL CA	Hace parties of the second labor	out.	let &	oceps.	
State only morbid causing fetal death (use such terms as it Prematurity, Asphyx  21. STATE ANY COM  I hereby certify attended the birth child, the vas bo	LBIRTH conditions (do NOT Stillbirth, tis, etc.)  APLICATION  y that I i of this ern dead	20a. FETAL CAUSES 20b. MATERNAL CA NS OF PREGNANCY A	Have August Labor	(Specify if M.)	let &	23b. DATE 14 A	
State only morbid causing fetal death causing fetal death cause such terms as it Prematurity, Asphyx 21. STATE ANY COM  I hereby certificationed the birth child, who was boon the date state at	LBIRTH conditions (do NOT Stillbirth, tia, etc.)  IPLICATION  y that I i of this mn dead ad above  m.  MA- 25b.	20a. FETAL CAUSES 20b. MATERNAL CA NS OF PREGNANCY A	Have August Labor	(Specify if M. 1  (Specify if M. 1  (Specify if M. 1  Attended by physician  ERY OR CREMATORY	D., midwife, of other	ZED OFFICIAL  City, town, or county)	
State only morbid causing setal death causing setal death causes such terms as irrematurity, Asphysical Prematurity, Asphysical Asph	LBIRTH conditions (do NOT stillbirth, tia, etc.)  IPLICATION  y that I is of this mn dead ad above  m.  MA-  Z5b.  Jul  CAL   REG	20a. FETAL CAUSES 20b. MATERNAL CA 20b. MATERNAL CA 20c. ATTENDANT'S 23c. ATTENDANT'S DATE	AUSES AND LABOR  ADDRESS  ZSC. NAME OF CEMETE  MOUNTAIN	(Specify if M. 1  (Specify if M. 1  (Specify if M. 1  Attended by physician  ERY OR CREMATORY	TURE OF AUTHORI	ZED OFFICIAL  City, town, or county)	TITLE (State)
State only morbid causing fetal death causing fetal death causes when the rores as Frematurity, Asphys 21. STATE ANY COM  I hereby certify attended the birth child, who was boon the date state at STATE STATE ANY COM  BUILDANE STATE ANY COM  THOUSE STATE ANY COM  AND THE STATE ANY COM  BUILDANE	LBIRTH conditions (do NOT still birth, tia, etc.)  IPLICATION  IPL	20a. FETAL CAUSES 20b. MATERNAL CA NS OF PREGNANCY A 23a. ATTENDAN 23c. ATTENDANT'S DATE 1.31, 154	AUSES AND LABOR  ADDRESS  ZSC. NAME OF CEMETE  MOUNTAIN	(Specify if M.)  (Specify if M.)  If NOT attended by physician physician physician attended by physician physician physician attended by physician	TURE OF AUTHORI	ZED OFFICIAL  City, town, or county) e110  I	TITLE (State)
State only morbid of causing fetal death use such terms as Prematurity, Asphyx  21. STATE ANY COM  I hereby certify attended the birth child, who was boon in the date state at 1.25a. BURIAL, CREM TION REMOVAL SPECIAL DATE REC'D BY LOCAL SPECIAL STATE OF THE COMMENCE OF	LBIRTH conditions (do NOT stillbirth, tia, etc.)  IPLICATION  y that I is of this mn dead ad above  m.  MA-  Z5b.  Jul  CAL   REG	20a. FETAL CAUSES 20b. MATERNAL CA NS OF PREGNANCY A 23a. ATTENDAN 23c. ATTENDANT'S DATE 1.31, 154	AND LABOR  ADDRESS  LOS MAME OF CEMETE  MOUNTAIN	(Specify if M.)  (Specify if M.)  If NOT attended by physician physician physician attended by physician physician physician attended by physician	TURE OF AUTHORI  25d. LOCATION (C  Pocat  OR	ZED OFFICIAL  Dity, town, or county)  e110  DORESS	TITLE (State)



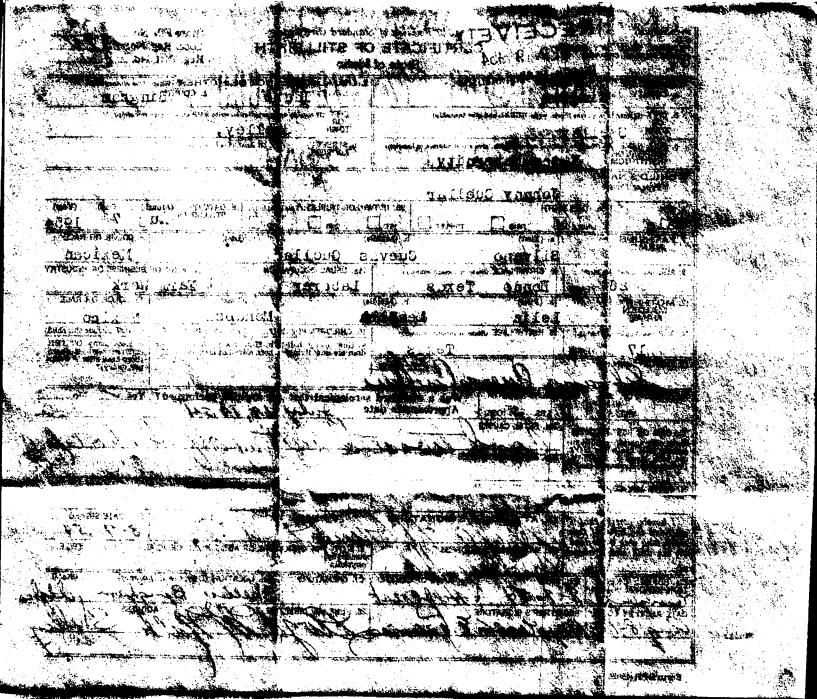
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PHS-797(VS) 4-48	01	P 1 954		f Standard Certifice	ite) State F	ile No.
4-48 FEDERAL SECUR PUBLIC HEALTH SE		MY (	ERTIFICATE	OF STILLB	RTH Local R	eg. No. 201
	Divisio	e of Vital Statis		of Idaho	Reg. Di	st. No. 5 / 0
1. PLACE OF S	TILLBIR	ТН		2. USUAL RESI	DENCE OF MOTHER (W	here does mother live?)
E	Bannock		<u> </u>	a. STATE Id	aho b. COUNTY	Bannock
UK	le corporate lin	nits, write RURAL and g	ive township)	c. CITY (If outside	corporate limits, write RURAL and	give township)
TOWN P	ocatel	<u>lo</u>	<del></del>		catello	
MUSPILAL OR			s street address or location)	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NA		Memorial I	iospital	<u> </u>	8 South Arthur	
(Type or Print		F	BABY GIRL ENG	T.AND		
4. SEX	5a. THIS B			TWIN OR TRIPLET (Thi	child born) 6 DATE OF (M	onth) (Day) (Year)
Female	SINGLE	TWIN	TRIPLET 1ST	2ND 🔀	STILLBIRTH	gust 4, 1954
7. FATHER'S NAME		a. (First)	b. (Mic		c. (Last)	8. COLOR OR RACE
		Charles	Mil:		England	White
9. AGE (At time of the		10. BIRTHPLACE (Sta		11a. USUAL OCCUPA	11211112	OF BUSINESS OR INDUSTRY
22 12 MOTUERIS	YEARS	Pocatello.		Seaman 1st		Navy
12. MOTHER'S MAIDEN NAME		a. (First)	b. (Mic	ldie)	c. (Last)	13. COLOR OR RACE
14. AGE (At time of the		Helen 15. BIRTHPLACE (8ta		Las ciui paru par	Smith	White
22	İ			a. How many chil-	OUSLY BORN TO THIS MOTHE	
17. INFORMANT		Montpelier,	Idaho	dren are now living	b. How many children we born alive but are now dead?	(born dead after 20 weeks
Helen En	gland			One	None	pregnancy)? None
18a. LENGTH OF PR		WEIGHT AT BIRTH	19 Was a standard	serological test	for syphilis performed	
10 WEEKS		ussdone ozs.	Approximate d	ate	tor syptims periorined	39,4
CAUSE OF STIL		20a. FETAL CAUSES	110.00	True and	. TOI. X	1 - 4
State only morbid causing fetal death use such terms as	conditions (do NOT -		410W	Attound	Luacerolla	telia
Prematurity, Asphyr	stillbirth, xia, etc.)	20b. MATERNAL CAU	Se Glow	, '	•	,
21. STATE ANY COM	APLICATIONS	OF PREGNANCY AN	ID LABOR	22. STATE ALL OPE	RATIONS FOR DELIVERY	
				<u>y</u>		
I hereby certify attended the birth	h of this	23a. ATTENDANT	T'S SIGNATURE /	Aspecia 1 M.	D., midwife, of ther)	23b. DATE SIGNED
child who was bo on the date state		23c. FTENDANT'S A	PIPRESS A	If NOT   24, SIGN	ATURE OF AUTHORIZED OFFIC	IAL TITLE
at 1:22	A.m.	Jacalos	Vo. Fermina	attended by physician		77.04
25a. BURIAL, CRENTION, REMOVAL (Spe	M.A. 25b. [	ATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (City, town,	or county) (State)
Burial	Aug	5, 1954	Mountain	View Cemeter	y Poca tello	Idaho
DATE REC'D BY LO	CAL REGIS	TRAR'S SIGNATURE	.) -00	26 FUNERAL DIREC	TOR	ADDRESS
G 3 0 1954	10/1	am. U	Vallin	Junk	Kendenonto	catello, Idaho
	-	•				7
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ocate Lo THE SAME AS TO STATE OF THE YEAR OF THE YE

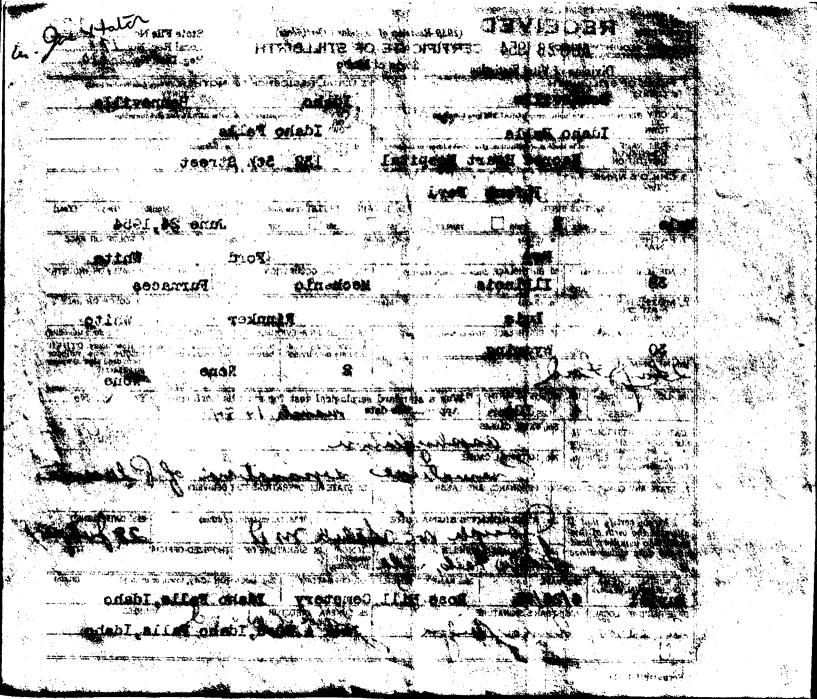
Security   August	ALIG17 1954 CEPTIFICATE		\	$\sim 129$
PLACE OF STILLBIRTH S. COUNTY Bingham D. CITY (It condids corporate limits, write RURAL and give township) OR TOWN Blackfoot C. CITY (It condids corporate limits, write RURAL and give township) OR TOWN Bingham D. CITY (It condids corporate limits, write RURAL and give township) OR TOWN Bingham D. CITY (It condids corporate limits, write RURAL and give township) OR TOWN Bingham C. CITY (It condids corporate limits, write RURAL and give township) OR TOWN Bingham C. CITY (It condids corporate limits, write RURAL and give township) OR TOWN Bingham C. CITY (It condids corporate limits, write RURAL and give township) OR TOWN Bingham C. CITY (It condids corporate limits, write RURAL and give township) OR TOWN Bingham C. CITY (It condids corporate limits, write RURAL and give township) OR TOWN Bingham C. CITY (It condids corporate limits, write RURAL and give township) OR TOWN Bingham C. CITY (It condids corporate limits, write RURAL and give township) OR TOWN Bingham C. CITY (It condids corporate limits, write RURAL and give township) OR TOWN Bingham C. CITY (It condids corporate limits, write RURAL and give township) OR TOWN Bingham C. CITY (It condids corporate limits, write RURAL and give township) OR TOWN Bingham C. CITY (It condids to constant) OR TOWN Bingham C. CITY (It condids to constant) OR TOWN Bingham C. CITY (It condids to constant) OR TOWN Bingham C. CITY (It condids to constant) OR TOWN Bingham C. CITY (It condids to constant) OR TOWN Bingham OR TOWN Bin	FEDERAL SECURITY AGENCYL I TOOT [] HEY I HIT LA I H	Standara Certificate	) State File	110
PLACE OF STILLBIRTH	PUBLIC HEALTH SERVICE		I M Local reg	. 410
Bingham  b. CHIV (II contable components limits, write BURAL and give township)  OR  Flackfoot  C. CHIV, NAME Of cit use to hespital or insultantion, give street address or location)  IRSTITUTION Bingham Memorial Hospital  C. CHIV, INAME Of cit use to hespital or insultantion, give street address or location)  IRSTITUTION Bingham Memorial Hospital  Not Named  C. CHIV, INAME Of cit use to hespital or insultantion, give street address or location)  IRSTITUTION Bingham Memorial Hospital  Not Named  S. CHIV, NAME Of cit use to hespital or insultantion, give street address or location)  IRSTITUTION Bingham Memorial Hospital  Not Named  S. CHIV, NAME Of cit use to hespital or insultantion, give street address or location)  IRSTITUTION Bingham Memorial Hospital  S. CHIV, INAME Of cit use to hespital or insultantion, give street address or location)  IRSTITUTION Bingham Memorial Hospital  S. CHIV, INAME OF cit use to hespital or insultantion, give street address or location)  IRSTITUTION Bingham Memorial Hospital  S. CHIV, INAME OF cit use to hespital or insultantion, give street address or location in location in light insultantial insult	Division of Vital Statistics State o	i Idaho	neg. Dist.	110
Tight   Tigh	1. PLACE OF STILLBIRTH			dose mother live?)
b. CITY (II outside corporate limits, write EURAL and give township) OR TOWN Blackfoot OR TOWN Blackfo	a. COUNTY Bingham			Coccia
TOWN BLACKFOOT  F. HOLD ANME OF CIT set in hospital or institution, give arrest address or location)  F. HOLD ANME OF CIT set in hospital or institution, give arrest address or location)  F. HOLD STACE  F. HOLD STACE  FOR PRINTI  NOT NAME  (I Type or Print)  NOT Named  S. E. THIS BIRTH  S. E. THIS BIRTH  S. E. THIS BIRTH  S. E. THIS BIRTH  S. E. THIS BIRTH  S. E. COLOR OR RACE  JOSEPH  Male  JOSEPH  Male  JOSEPH  Malad, Idaho  SETVICE Station Attendant  SETVICE Station Attendant  SETVICE STATE ALL OCCUPATION  III. USUAL OCCUPATION  III. USUAL OCCUPATION  SETVICE Station Attendant  SETVICE STATE ALL OF STALLBIRTH  SETVICE STATE ALL OF STALLBIRTH  SETVICE STATE ALL OPERATIONS OF PREGNANCY AND LABOR  LES. 7 OZS.  Approximate date  December  J. HOLD STATE OF MINING OF LINE SIGNATURE  LES. 1 OZS.  ATTENDANT'S SIGNATURE  SETVICE STATE ALL OPERATIONS FOR DELIVERY  MADE STATE ALL OPERATIONS OF PREGNANCY AND LABOR  Z. STATE ALL OPERATIONS FOR DELIVERY  Malad, CREMA-  SETVICE STATE ALL OPERATIONS OF PREGNANCY AND LABOR  Z. STATE ALL OPERATIONS FOR DELIVERY  MADE STATE ALL OPERATIONS OF PREGNANCY AND LABOR  Z. STATE ALL OPERATIONS FOR DELIVERY  MALE STATE ALL OPERATIONS OF PREGNANCY AND LABOR  Z. STATE ALL OPERATIONS FOR DELIVERY  MALE STATE ALL OPERATIONS OF PREGNANCY AND LABOR  Z. STATE ALL OPERATIONS OF PREGNANCY AND LABOR  Z. STATE ALL OPERATIONS FOR DELIVERY  MADE STRUCT The Addition were all the provided this child who was born dead and above the dead in the date stated above the first operation of the state dated above the state of the state o	b, CITY (If outside corporate limits, write RURAL and give township)	c. CITY (If outside so		
C. FULL NAME OF CII set in hespital or institution, give arrest address or location)  HOSPITAL (PARS)  NOT NAME  (Type or Print)  NOT Named  SEX  Sa. THIS BIRTH  TRIPLET  SINGLE  TRIPLET  S. LIFTWIN OR TRIPLET (This shilld born)  SINGLE  TRIPLET  S. LIFTWIN OR TRIPLET (This shilld born)  STILLIBRITH  AUGUST 6, 1954  AUGUST 6, 1954  AUGUST 6, 1954  AUGUST 6, 1954  C. (Last)  S. COLOR OR RACE  White  Joseph  Henry  Pingel  White  JOSEPH  Henry  Pingel  White  Last sines of this birth)  Service Station Attendant  C. How many children  Service Station Attendant  S. Haldel  S. BIRTHPLACE (Base or foreign country)  Thomas, Idaho  S. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT include this child)  S. CHEV many of the birth of this  we such terms as shillibrith, remained the foreign country  Last only morbid conditions  we such terms as shillibrith, remained the foreign country  Last only morbid conditions  we such terms as shillibrith, remained the foreign country  Last only morbid conditions  we such terms as shillibrith, remained the foreign country  Last only morbid conditions  we such terms as shillibrith, remained the foreign country  Last only morbid conditions  we such terms as shillibrith, remained the foreign country  Last Any Complications of Precentary Approximate date  December  J. AGE (AS times of this birth)  J. AGE (AS			ATT	
CHILD'S NAME (Type or Print)   Not Named   Sb. IFTWIN OR TRIPLET (This shild born)   S. DATE OF (Month) (Day) (Year)	C. FULL NAME OF of not in hospital or institution, give atreet address or location)		_	
CHILD'S NAME (I'Try or Print)  Not Named  SEX Sa. THIS BIRTH  SINGLE THIN   TRIPLET   15T   NO   NO   STILLBIRTH   Month)   TRIPLET   15T   NO   NO   STILLBIRTH   Maguest 6, 1954  FATHER'S NAME  JOSEPH   Henry Pingel   White  In MOTHER'S MAILEN   Malad, Idaho  MOTHER'S MAILEN   Malad,	HOSPITAL OR			#41
SEX   Sa. THIS BIRTH   SINGLE   TWIN   TRIPLET   Sb. IF TWIN OR TRIPLET (Take child born)   6. DATE OF STILLBIRTH   STILLBIRTH   SINGLE   TWIN   TRIPLET   St.   STILLBIRTH   STILLBIRTH   STILLBIRTH   STILLBIRTH   AUgust 6, 1954		" TOTE	hansen ave. n	riev. Idano
Male   Single   Twin   Twin   Single   Twin	((Two or Print)			
Male   SINGLE   TWIN   TRIPLET   1ST   ND   SRD   STILLBIRTH    FATHER'S   D. (First)   D. (Middle)   C. (Last)   S. COLOR OR RACE    JOSEPh   Henry   Pingel   White    Indicate of this birth)   D. (Middle)   C. (Last)   S. COLOR OR RACE    White   Henry   Pingel   White    Indicate of this birth)   D. (Middle)   Service   Station Attendant    MAIDEN   AGE (At time of this birth)   D. (Middle)   C. (Last)   IIb. KIND OF BUSINESS OR INDUSTRY    MAIDEN   AGE (At time of this birth)   D. (Middle)   C. (Last)   IIb. KIND OF BUSINESS OR INDUSTRY    MAIDEN   AGE (At time of this birth)   D. (Middle)   C. (Last)   IIb. KIND OF BUSINESS OR INDUSTRY    MAIDEN   AGE (At time of this birth)   D. (Middle)   C. (Last)   IIb. KIND OF BUSINESS OR INDUSTRY    MAIDEN   AGE (At time of this birth)   D. (Middle)   C. (Last)   IIb. KIND OF BUSINESS OR INDUSTRY    MAIDEN   AGE (At time of this birth)   D. (Middle)   C. (Last)   IIb. KIND OF BUSINESS OR INDUSTRY    MAIDEN   AGE (At time of this birth)   D. (Middle)   C. (Last)   IIb. KIND OF BUSINESS OR INDUSTRY    MAIDEN   AGE (At time of this birth)   D. (Middle)   C. (Last)   IIb. KIND OF BUSINESS OR INDUSTRY    MAIDEN   AGE (At time of this birth)   D. (Middle)   C. (Last)   IIb. KIND OF BUSINESS OR INDUSTRY    MAIDEN   AGE (At time of this birth)   D. (Middle)   C. (Last)   IIb. KIND OF BUSINESS OR INDUSTRY    MAIDEN   AGE (At time of this birth)   D. (Middle)   C. (Last)   IIb. KIND OF BUSINESS OR INDUSTRY    MAIDEN   AGE (At time of this birth)   D. (Middle)   C. (Last)   IIb. KIND OF BUSINESS OR INDUSTRY    MAIDEN   AGE (At time of this birth)   D. (Middle)   D. How many children were still born    MAIDEN   AGE (At time of this birth)   D. (Middle)   D. How many children were still born    MAIDEN   A. (Asserbir of this birth)   D. (Middle)   D. How many children were still bern    MAIDEN   A. (Asserbir of this birth)   D. (Middle)   D. How many children were still bern    MAIDEN   A. (Asserbir of this birth)   D. (Middle)   D. How many children were still bern    MAIDEN   A.		TWIN OR TRIPLET ON L	HALL S E DATE OF (Man	th) (Do-) (Peer)
AGE (At time of this birth)  1. AGE (At time of this birth)  1. AGE (At time of this birth)  1. AGE (At time of this birth)  1. AGE (At time of this birth)  2. MOTHER'S MAIDEN M		<b>—</b> —	STILLBIRTH	
Joseph Henry Pingel White  1. AGE (As time of this birth) 1. A				<u> </u>
10. BIRTHPLACE (State or foreign country) 11		(C16)	c. (Last)	8. COLOR OR RACE
19 YEARS MAIDEN A. (First) b. (Middle) c. (Last) 13. COLOR OR RACE  MADEN NAME  Rachel Elizabeth Fackrell White.  19 YEARS Thomas, Idaho  15. BIRTHPLACE (State or foreign country)  Thomas, Idaho  Thoma				
AMOTHER'S MAIDEN NAME  Rachel  Sizabeth  Fackrel  Sizabeth  Fackrel  White  Rachel  Sizabeth  Fackrel  Sizabeth  Fackrel  White  Sizabeth  Fackrel  Sizabeth  Fackrel  Sizabeth  Fackrel  White  Sizabeth  Fackrel  Sizabeth  Fackrel  Sizabeth  Fackrel  White  Sizabeth  Fackrel  Sizabeth  Sizabe	9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	ION 116. KIND OF	BUSINESS OR INDUSTRY
MAIDEN NAME  Rachel  Blizabeth  Fackrel  White  15. GRE (As time of this birth)  19 years  Thomas, Idaho  Thoma	19 YEARS Malad, Idaho	Service St	ation Attendant	
NAME Rachel Rachel Rachel Rackel Signate or foreign country)  15. BIRTHPLACE (State or foreign country)  16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  27. INFORMANT  Thomas, Idaho  18. Length of Precipitation Rachel Rach		ldle)	c. (Last)	13. COLOR OR RACE
a. How many children were children were stillborn alive but are now dead?    INFORMANT		izabeth	Fackrell	White
INFORMANT    A   INFORMANT   Section   4. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO THIS MOTHER	(Do NOT include this child)	
CINFORMANT    Continue   19 YEARS Thomas, Idaho	a. How many chil-	b. How many children were born slive but are now dead?	c. How many OTHER	
LENGTH OF PREG. 18b. Weight at BIRM 19 Was a standard serological test for syphilis performed? Yes. X. No	7. INFORMANT			(born dead after 20 weeks
ALLENGTH OF PREG. 18D. WEIGHT AT BIRM 19 Was a standard serological test for syphilis performed? Yes. X. No. No. NANCY 36 WEEKS 7 LBS. 7 OZS. Approximate date December  Daube of Stillbirth tate only morbid conditions using fetal death (do NOT) to such terms as Stillbirth, remarkerity, Asphyxia, etc.)  I. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY Clearly that 1 23a. ATTENDANT'S SIGNATURE (Specity if M. D., midwise, or other) 23b. DATE SIGNED attended the birth of this hild who was born dead in the date stated above 1 10:32 m. Blackfoot, Idaho  Sa. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (State) Cremation 8-6-54 Bingham Hemorial Hosp.  ADDRESS	Charlotte Jameson Clerk	None	One	1 " """
ADURE OF STILLBIRTH tate only morbid conditions susing fetal death (do NOT) rematurity, Asphyxia, etc.)  I. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I. Hereby certify that I thereby certify that I thereby certify that I thended the birth of this hild who was born dead in the date stated above t 10:32 m.  Blackfoot, Idaho  ADDRESS  Approximate date  December  Decembe	18a, LENGTH OF PREG-   18b, WEIGHT AT BIRZA   19 Was a standard			
DAUSE OF STILLBIRTH  tate only morbid conditions susing fetal death (do NOT) se such terms as Stillbirth, rematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES  20b. MATERNAL CAUSES  20b. MATERNAL CAUSES  20c. MATERNAL CAUSE	MAINO!	<u>-</u>		
tate only morbid conditions lusing fetal death (do NOT) se such terms as Stillbirth, rematurity, Asphyxia, etc.)  I. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I hereby certify that I ttended the birth of this hild who was born dead n the date stated above  1 10:32 a m.  Blackfoot. Idaho  Blackfoot. Idaho  ATERIOVAL (Specity)  Cremation  Bingham Memorial Hosp.  Blackfoot, Idaho  ADDRESS  ADDRESS  ADDRESS  ADDRESS  Blackfoot, Idaho  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS	CLETCH OF STATE I DEPOTE   20a. FETAL CAUSES		<u> </u>	22.4
Austing fetal death (do NOT)  se such terms as stillibirth, rematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES  OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  Control of the state of the shid who was born dead in the date stated above to the date stated above to the date stated above to the state of t	State only morbid conditions	own		5011
I. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  II hereby certify that I are by certify that I attended the birth of this hild who was born dead in the date stated above to the date stated a	causing fetal death (do NOT   20b. MATERNAL CAUSES			
I. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I hereby certify that I titended the birth of this hild who was born dead n the date stated above to the	Prematurity, Asphyxia, etc.)	pueclas	upsia nevu	ے
I hereby certify that I thereby that I thereby the certify that I thereby the certify that I thereby certify that I thereby the certification that I thereby t		22. STATE ALL OPERA	TIONS FOR DELIVERY	00
I hereby certify that I tended the birth of this hild who was born dead not he date stated above to 10:32 am.  Blackfoot, Idaho  Sa. BURIAL, CREMATORY  Cremation  ATERICAL REGISTRAR'S SIGNATURE  23a. ATTENDANT'S SIGNATURE  (Specify if M. D., midwise, or other)  23b. DATE SIGNED  (Specify if M. D., midwise, or other)  23b. DATE SIGNED  (Specify if M. D., midwise, or other)  23b. DATE SIGNED  23c. ATTENDANT'S ADDRESS  If NOT attended by physician  24. SIGNATURE OF AUTHORIZED OFFICIAL  TITLE  25c. NAME OF CEMETERY OR CREMATORY  Cremation  ADDRESS  ADDRESS  ADDRESS	21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		, , ,	, ,
ttended the birth of this hild who was born dead not the date stated above 10:32 am.  Blackfoot. Idaho  State Blackfoot. Idaho		Остания	deckión & 1	Mili Lina
n the date stated above to the date stated abo	Severe Oscalanpora		Leckion & S	Usilization
t 10:32 am. Blackfoot. Idaho physician physici	I hereby certify that I 23a. ATTENDANT'S SIGNATURE		Section & S	,
Sa. BURIAL, CREMA- ION, REMOVAL (Bpoedty)  Cremation  ATE REC'D BY LOCAL  REGISTRAR'S SIGNATURE  25c. NAME OF CEMETERY OR CREMATORY  25d. LOCATION (City, town, or county)  (State)  Bingham Hemorial Hosp.  26d. LOCATION (City, town, or county)  (Btate)  ADDRESS	I hereby certify that I attended the birth of this child who was born dead	(Specify if M. I	na	8-9-54
Cremation 8-6-54 Bingham Memorial Hosp.   Blackfoot, Idaho ATE REC'D BY LOCAL REGISTRAB'S SIGNATURE 26. FUNERAL DIRECTOR, ADDRESS	I hereby certify that I attended the birth of this child who was born dead on the date stated above 23c. ATTENDANT'S ADDRESS	(Specify if M. I	na	8-9-54
Cremation 8-6-54 Bingham Memorial Hosp.   Blackfoot, Idaho ATE REC'D BY LOCAL REGISTRAB'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS	I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this child who was born dead on the date stated above at 10:32 a m. Blackfoot. Idaho	(Specify If M. I	TURE OF AUTHORIZED OFFICIA	8-9-54 IL TITLE
ALE RESUME TO A LOCAL INSCIDENCE OF THE PROPERTY OF THE PROPER	I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:32 a m. Blackfoot. Idaho  25a. BURIAL. CREMA-25b. DATE  25c. NAME OF CEMETER  25c. NAME OF CEMETER	(Specify If M. I	TURE OF AUTHORIZED OFFICIAL CONTROL OF AUTHORIZED OFFICIAL CONTROL OF AUTHORIZED OFFICIAL CONTROL OF AUTHORIZED OFFICIAL CONTROL OF AUTHORIZED OFFICIAL CONTROL OF AUTHORIZED OFFICIAL CONTROL OF AUTHORIZED OFFICIAL CONTROL OF AUTHORIZED OFFICIAL CONTROL OF AUTHORIZED OFFICIAL CONTROL OF AUTHORIZED OFFICIAL CONTROL OF AUTHORIZED OFFICIAL CONTROL OF AUTHORIZED OFFICIAL CONTROL OF AUTHORIZED OFFICIAL CONTROL OFFICI	8-9-54 TITLE
	I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:32 am.  Blackfoot. Idaho  25a. BURIAL. CREMA- TION, REMOVAL (Specity) Cremation  Section 125a. BLACKFOOT. Idaho  25b. DATE  Dingham Memory  25c. Bingham Memory	(Specify if M. I	TURE OF AUTHORIZED OFFICIAL Ed. LOCATION (City, town, or Blackfoot, Ida	8-9-54 TITLE  county) (State)
ugio-1934 / Malbalint. Talence (Acting) WUBECK Blackfoot, I	I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:32 am. Blackfoot, Idaho  25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER COMMENT OF CREMATION, REMOVAL (Bypestry)  DATE REC'D BY LOCAL REGISTRAR'S, SIGNATURE	If NOT attended by physician Pry OR CREMATORY  24. SIGNATORY  Orial Hosp.  26. FUNERAL DIRECT	TURE OF AUTHORIZED OFFICIAL Ed. LOCATION (City, town, or Blackfoot, Ida	8-9-54 TITLE  county) (State)  tho  DDRESS
	I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:32 am.  Blackfoot. Idaho  25a. BURIAL. CREMA- TION, REMOVAL (Specity) Cremation  Section 125a. Blackfoot School S	(Specify if M. I	TURE OF AUTHORIZED OFFICIAL Ed. LOCATION (City, town, or Blackfoot, Ida	8-9-54 TITLE  county) (State)



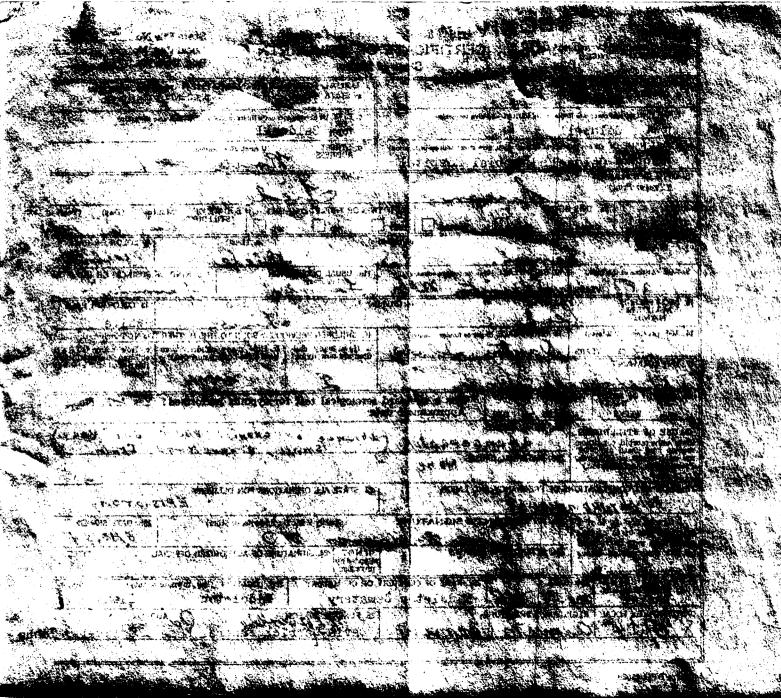
PHS-797(VS) REC	EIVED1949 Revision o	f Standard Certificate)	State File No.
FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE	9:954 State	OF STILLBIRTH	Local Reg. No
•	9:954 State 6	of Idaho	Reg. Dist. No
Division of	Vital Statistics	2. USUAL RESIDENCE OF M	OTHER (Where does mother live?)
a. county Bingham		a. STATE Idaho	b. countBingham
b. CiTY (If outside corporate limits, wri	ite RURAL and give township)	c. CiTY (If outside corporate limits, wri	
TOWN Shellev.		TOWN Shelley,	
LICCOITAL OD	or institution, give street address or location)	d. STREET (If rural, give	location)
	ay Materaitar	1	
3. CHILD'S NAME ((Type or Print)		·	
101	hnny Cuellar		
4. SEX 5a. THIS BIRTH			ATE OF (Month) (Day) (Year) FILLBIRTH AUG 7 1954
Male   SINGLE 🗵	TWIN TRIPLET 1ST  First) b. (Mi	2ND 3RD 1	18. COLOR OR RACE
NAME	·		Mexican
	lvano Cuev	tas Cuellar	11b. KIND OF BUSINESS OR INDUSTRY
	IRTHPLACE (State or foreign country)		_
	ondo Texas  First) b. (Mi	Laborer c. (Last)	Farm Work
MALDEN	lia <b>Maha</b> a		
	IRTHPLACE (State or foreign country)		Mexico  THIS MOTHER (Do NOT include this child)
	_		children were   c. How many OTHER
17. INFORMANT	Texas	dren are new living? born alive but	(born dead after 20 weeks
Sel-	Cumality		pregnancy)?
184. LENGTH OF PREG-   18b. WEIGH	HT AT BIRTH   19 Was a standar	d serological test for syphilis	performed? Ves No.
NANCY WEEKS 7 LBS	Approximate of	late Suly 19 19	54 3610
	FETAL CAUSES //	2 19	0000000
State only morbid conditions	post lives	tox Culting	of by I had below
	MATERNAL CAUSES	and my	11) best
Prematurity, Asphyxia, etc.)			
21. STATE ANY COMPLICATIONS OF	PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DI	ELIVERY
	$\mathcal{O}$		<u> </u>
I hereby certify that I 23a.	ATTENDANTS SIGNATURE	(Species of M.D., midwife, or o	· · · · · · · · · · · · · · · · · · ·
attended the birth of this child who was born dead	YVAVO TYK	Thulk Mis	8-7-54
on the date stated above 23c.	AT SAIDART S KODRESS	If NOT   24. SIGNATURE OF AUTH	ORIZED OFFICIAL TITLE
at m.	Leller Johla .	physician	N (City town or county) (State)
25a. BURIAL, CREMA- 25b. DATE TION, REMOVAL (Specify)	54 PESE NAME OF CEMETE	ERY OR CREMATORY 25d. LOCATIO	N (City, town, or county) (State)
Turne 18-1-	7   Wellers	26, EUNERAL DIRECTOR	ADDRESS OF M
DATE REC'D BY LOCAL REGISTRAL	R'S SIGNATURE	20. EUNEWAL DIRECTOR	Will Shell
mg 0-175/1/1/	water (. I dine	Suju III	Harm
/			<i>1</i>



PHS-797(VS) RECEIVED (1949 Revision of			No
FEDERAL SECURITY A 1802 6 1954 CERTIFICATE			
DIVISION OF VICE STREET	í Idaho	Reg. Dist.	
1. PLACE OF STILLBIRTH a. COUNTY	2. USUAL RESID	ENCE OF MOTHER (Where b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township)	Idaho	Benn	eville
OR TOWN Idaho Falls	OR TOWN <b>Idah</b>	rporate limits, write RURAL and give	township)
c. FULL NAME OF (If not in hospital or institution, give atreet address or location)	d. STREET	(If rural, give location)	· · · · · · · · · · · · · · · · · · ·
HOSPITAL OR INSTITUTION Sacred Heart Hospital	ADDRESS 132	5th Street	
3. CHILD'S NAME ((Type or Print) Infant Ford			
	TWIN OR TRIPLET (This e	hild born) 6. DATE OF (Mon	th) (Day) (Year)
SINGLE TWIN TRIPLET 1ST	2ND	bild born) 6. DATE OF (Mon STILLBIRTH 3RD JAME 24	1954
7. FATHER'S a. (First) b. (Mid NAME	dle)	c. (Last)	8. COLOR OR RACE
Fay		Ford	White
9. AGE (At time of this birth) 36; YEARS 10. BIRTHPLACE (State or foreign country) 1111no18	11a. USUAL OCCUPAT	TON 11b. KIND OF	BUSINESS OR INDUSTRY
12. MOTHER'S a. (First) b. (Mic	•	c. (Last)	13. COLOR OR RACE
NAME LOIS		mker	White
14. AGE (At time of this birth)  15. BIRTHPLACE (State or foreign country)	a. How many chil-	b. How many children were	Do NOT include this child) c. How many OTHER
NO YEARS TYCKING	dren are now living?	born alive but are now dead?	children were stillborn (born dead after 20 weeks
Transford	2	None	pregnancy)?
18a. LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a standard	serological test f	or syphilis performed?	
Y NANCY A		1054	
WEEKS 4. LBS. 10 OZS. Approximate d	no march		
OAUSE OF STILLBIRTH 20a. FETAL CAUSES	no March	<u> </u>	36,2
OAUSE OF STILLBIRTH State only morbid conditions  CAUSE  OAUSE  O	lion		36,2
OAUSE OF STILLBIRTH 20a. FETAL CAUSES	tou	nation of	36,2 Plucenta
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	tou	attack of Attions for Delivery	36,2 Plucenta
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20a. FETAL CAUSES  20b. MATERIAL CAUSES  20b. MATERIAL CAUSES  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	Loui  Loui  22. STATE ALL OPER		36,2 Plucenta
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  LES. LUZOZS. Approximate of Capping Ozer Fetal Causes  20a. FETAL CAUSES  20b. MATERNAL CAUSES	Loui  Loui  22. STATE ALL OPER	ATIONS FOR DELIVERY	36, 2 Plucenta  23b. DATE SIGNED
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I hereby certify that I attended the birth of this child who was born dead	22. STATE ALL OPER		28 July 37
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I hereby certify that I attended the birth of this child who was born dead	Lori  Sepa  22. STATE ALL OPER  (8 pecify if M. I	)., mistrife, or other)	28 July 37
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I hereby certify that I attended the birth of this child who was born dead on the date stated above at	22. STATE ALL OPERA  (Specify if M. I  If NOT 24. SIGNA attended by physician	)., mistrife, or other)	28 July 37
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20a. FETAL CAUSES  20b. MATERNAL CAUSES  20b. MATERNAL CAUSES  20b. MATERNAL CAUSES  20c. FETAL CAUSES  20b. MATERNAL CAUSES  20c. ATTENDANT'S SIGNATURE attended the birth of this child who was born dead on the date stated above at	22. STATE ALL OPER  (Specify if M. I  If NOT attended by physician  Y OR CREMATORY  Come tory	D., midwife, or other)  FURE OF AUTHORIZED OFFICIA  25d. LOCATION (City, town, or Ideho Falls.	L TILE  county) (State)  Idaho
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20a. FETAL CAUSES  20a. FETAL CAUSES  20b. MATERNAL CAUSES  20b. MATERNAL CAUSES  20b. MATERNAL CAUSES  20b. MATERNAL CAUSES  20c. ATTENDANT'S SIGNATURE  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22a. ATTENDANT'S SIGNATURE  23a. ATTENDANT'S ADDRESS  23a. BURIAL, CREMA- TION, REMOVAL (Specity)  25c. NAME OF CEMETE	22. STATE ALL OPER.  (Specify if M. I  If NOT attended by physician  Y OR CREMATORY	25d. LOCATION (City, town, or AL	County) (State)



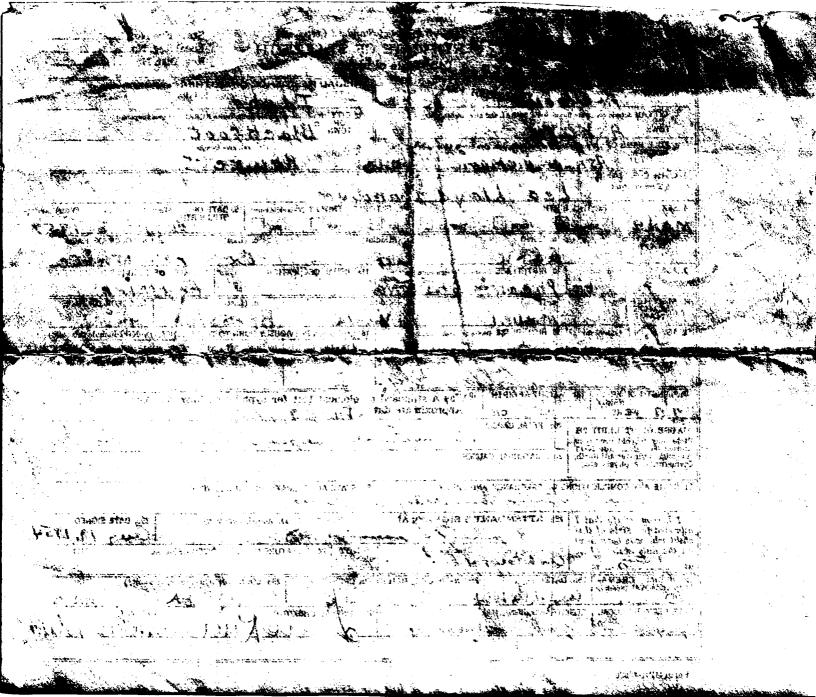
PHS-797(VS)  RECEIVE Revision of FEDERAL SECURITY AGENCY AUG 16 195 RTIFICATE PUBLIC HEALTH SERVICE	Standard Certificate	e) State File RTH Local Rep	
Division of Vital Statistics  1. PLACE OF STILLBURTH	Idaho	Reg. Dist.	
1. PLACE OF STILLBIRTH a. COUNTY Canyon	2. USUAL RESID	ENCE OF MOTHER (Wber b. COUNTY	e does mother live!) Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell	c. CITY (If outside of OR TOWN Caldy	prporate limits, write RURAL and giv	e township)
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Caldwell Memorial Hospital	d. STREET ADDRESS	Route #	
3. CHILD'S NAME (Type or Print)	Tue	ile -	
4. SEX 5a. THIS BIRTH 5b. IF T SINGLE TWIN TRIPLET 15T	WIN OR TRIPLET (This s	hiid born) 6. DATE OF (Mon	
7. FATHER'S a. (First) b. (Midd Small)	le)	c. (Last) Tiele	COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 2 YEARS delicate Neb	11a. USUAL OCCUPAT	TON 11b. KIND OF	BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME  A. (First)  b. (Midd)	lle)	C. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth)  15. BIRTHPLACE (State or foreign country)  20 YEARS  14. AGE (At time of this birth)	a. How many chil-	DUSLY BORN TO THIS MOTHER OF B. How many children were	(Do NOT include this child)    c. How many OTHER
17. INFORMANT Leah Liede	dren are now living?	born alive but are now dead?	children were stillborn (born dead after 2° weeks pregnancy)?
18a. LENGTH OF PREGNANCY NANCY LBS. 4 OZS. Approximate date	serological test for	or syphilis performed?	Yes No
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20a. FETAL CAUSES  An en cep42/ie  20b. MATERNAL CAUSES  No ne	2bsence of Smg/	crania/ Vault I, undeveloped	BRDIN
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Poly hydramnious	22. STATE ALL OPERA	TIONS FOR DELIVERY	SIOTOMY
I hereby certify that I attended the birth of this child who was born dead	(Specify if M. D	, midwife, or other)	23b. DATE SIGNED 8/10/54
on the date stated above at	physician	URE OF AUTHORIZED OFFICIA	L TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify)  Burial  25b. DATE  25c. NAME OF CEMETERY  Middleton Ca		25d. LOCATION (City, town, or Middleton	ounty) (State) Idaho
8/6/54 GEGISTRAR'S SIGNATURE  8/6/54 GEGISTRAR'S SIGNATURE  Capilly M Nemman	26. FUNERAL PRECTO	Belle O Dassick Funeral Home	caldwell. Idaho
• •	·		



PHS-797(VS) 4-48 FEDERAL SECURITY AC PUBLIC HEALTH SERVICE	RECEIV SENOSEP 21 J	(1010 10	of Standard Certificat E OF STILLBII	te) Si RTH La	ate File No. cal Reg. No	
TODETO HEALTH SERVICE	Division of Vital	Statistics State	of Idaho	R	eg. Dist. No.	360
1. PLACE OF STILLE a. COUNTY CANYO			2. USUAL RESIL a. STATE TDAT	DENCE OF MOTH		mother live?) NYON
b. CITY (If outside corporation) OR TOWN CALDW		give township)		orporate limits, write RUR	AL and give town	ship)
c. FULL NAME OF (11 not HOSPITAL OR INSTITUTION CAL	in hospital or institution, at DWELL MEMORI		II ADDRESS	(If rural, give location		
3. CHILD'S NAME [(Type or Print)	LAUR	LIE ARAQUISTA	AIN			
	IS BIRTH	— I	IF TWIN OR TRIPLET (This	child born) 6. DATE Of STILLBIR	(Month) AUGUST	(Day) (Year) 29 195
7. FATHER'S NAME	a. (First) PETE	b. (A -ANDR)	Middle)	c. (Last) ARAQUISTAI	8. C	OLOR OR RACE WHITE
9. AGE (At time of this birth)  31 YEAF		ALLEY, OREG	11a. USUAL OCCUPA ON SALES CLER		KIND OF BUSH	INESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) JU <b>LE</b>	,	Middle) NCIS	c. (Last) ALEXANDER		COLOR OR RACE WHITE
14. AGE (At time of this birth)	15. BIRTHPLACE (8	tate or foreign country)	16. CHILDREN PREVI	OUSLY BORN TO THIS	MOTHER (Do N	OT include this child)
25 YEAR 17. INFORMANT	S PEORIA, I	TLINOIS	a. How many children are now living?	b. How many child born alive but are no	(bor	Iow many OTHER dren were stillborn in dead after 20 weeks mancy)?
18a. LENGTH OF PREG-   16	b. WEIGHT AT BIRTH	1 19 337	NONE	NONE	ļ	NONE
NANCY WEEKS	ц LBS. 12 ozs.	Approximate	rd serological test i date	for syphilis perfo	rmed? Yes	X No
CAUSE OF STILLBIRTH State only morbid condition causing fetal death (do NO	. /////	mature se	Inatus of fla	ente		36,2
causing fetal death (do NO use such terms as Stillbirth Prematurity, Asphyxia, etc.)	_1					
21. STATE ANY COMPLICATI	Non	٠.	22. STATE ALL OPER	ATIONS FOR DELIVERY	1	
I hereby certify that attended the birth of thichid who was born dead		Ste Sunature	(Specify if M. I	D., midwife, or other) M.D.	23b.	DATE SIGNED
on the date stated abov at <u>5.00 P</u> m.			physician	TURE OF AUTHORIZED	OFFICIAL.	TITLE
TION DEMOVAL A 14 1	b. DATE 1gust 31,195		ERY OR CREMATORY	caldwell,	Idaho	y) (State)
DATE REC'D BY LOCAL RI	GISTRAR'S SIGNATURI	nman	26. FUNERAL DIRECT	Chapel	ADDRES	;
(	<u> </u>				, <u> </u>	, <u> </u>

Total and the second of the se The Control of the Co The same services of the same TO SECURAL DE LA CAMBRILLA DE

PHS-797(VS) 4-49 FEDERAL SECURITY AGEI PUBLIC HEALTH SESVICE	RECT	ERYIFICATE		RTH	State File Local Reg Reg. Dist.	No	3 <u>4</u> 6
a. COUNTY  b. CITY (If outside corporate is	7 0 ADitisios of	Vital Statistics	2. USUAL RESIDE	Lako	b. COUNTY		
C. FULL NAME OF OR not in			d. STREET	2. CK fo	ot	township)	
HOSPITAL OR INSTITUTION AS h &  3. CHILD'S NAME ((Type or Print)	on Memor	rial Hospit	ADDRESS R	oute	I.		<del></del>
4. SEX 5a. THIS SINGLE		5b. IF T	WIN OR TRIPLET (This	ריין   STIL	LBIRTH		(Year)
7. WE'S	a. (First)  Bahu	b. (Midd		c. (Last)	aug	8. COLOR OR	RACE
9. AGE (At time of this birth)  / 9  YEARS	10. BIRTHPLACE (State	or foreign country) Ahizono	11a. USUAL OCCUPA	TION	11b. KIND OF	BUSINESS OR	INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) Mashel	b. (Midd	erla	Bress	leh	13. COLON OR	e
14. AGE (At time of this birth)  YEARS  17. INFORMANT	15. BIRTHPLACE (Blaze Lietah	or foreign country)	a. How many children are now living?			Do NOT include c. How many children were (born deed after	
18a. LENGTH OF PREG-   18b.	WEIGHT AT BIRTH   19	m Idq.	a_	0		pregnancy)?	
NANCY WEEKS CAUSE OF STILLBIRTH	LBS. OZS.	Was a standard Approximate da	te July 2	101 syphilis po	eriormed ?	YesX 1	6,2
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUS	rematu ES	me sep	ara troi	~ 0	place	uta
21. STATE ANY COMPLICATION	uternie he	morrage	22. STATE ALL OPER	ATIONS FOR DELI	VERY		
I hereby certify that I attended the birth of this child who was born dead	23a. ATTENDANT	-5×	MY MIX	D., midwife, or other		23b. DATE SIG	9,1954
on the day stated above at	Cestou,	C. NAME OF CEMETERY	attended by physician	TURE OF AUTHOR			(State)
Dural W	state's signature	June	26. EUNERAL DIRECT	us	hlow	DRESS /	laho
4042104 V/	14/ yan	sen	den	when		mou	HAM
Form DPH-48020							<b>J</b>



PHS-797(VS)		(1949 Revision of	Standard Certificate	e) State	File No.
FEDERAL SECURITY ACE	BEDERAL SECURIFICATE OF STILLBIRT State of Idaho			RTH Local	Reg. No. /5
		State of	Idaho	Reg. 1	Dist. No. 3.40 -14/
1. PLACE OF STILLAND	<b>61 6 1954</b>		2. USUAL RESID	ENCE OF MOTHER	(Where does mother live?)
a. COUNTY	of Vital Statisti	43	a. STATE	b. cour	NTY Gem
b. CITY (If outside corporate li	mite, write RURAL and	rive township)	C. CITY (If ontside or	rporate limits, write RURAL a	nd give township)
TOWN Emmett			OR TOWN En	mett	•
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION Mary	hospital or institution, giv Secor Hospi	e street address or location)	d. STREET ADDRESS 60	(If rural, give location)  5 So. Commerce	ial
3. CHILD'S NAME ((Type or Print)	Mary	Jo		incaid	
4. SEX 5a. THIS	BIRTH	5b. 1F T	WIN OR TRIPLET (This	hild born) 6. DATE OF	(Month) (Day) (Year)
Female   single	K TWIN .	TRIPLET 1ST	2ND	STILLBIRTH	8/3/5/
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)	8. COLOR OR RACE
	Marvin	Alber	rt	Kincaid	White
9. AGE (At time of this birth)	10. BIRTHPLACE (8t)		11a. USUAL OCCUPAT	TON 116. KIN	ND OF BUSINESS OR INDUSTRY
22 YEARS	Barnumton,		Laborer	Boise	-Payette Lbr. Mill
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)	13. COLOR OR RACE
NAME	Anna	Pauli		Long	White
14. AGE (At time of this birth)	Edwards, Mi		a. How many chil-		HER (Do NOT include this child)
17. INFORMANT	imwards, Mi	ssouri	dren are now living?	<ul> <li>b. How many children born alive but are now de</li> </ul>	were c. How many OTHER children were stillborn (born dead after 20 weeks
anna Ke	mail	Mother	ı	1	pregnancy)?
18a. LENGTH OF PREG- 18b.	WEIGHT AT BIRTH	19 Was a standard	serological test f	or syphilis perform	ed? YesNo
24 WEEKS	LBS. / 20ZS.	Approximate dat	te.		
CAUSE OF STILLBIRTH	20a. FETAL CAUSES		-		35.0
State only morbid conditions causing fetal death (do NOT					
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAI	JSES			
OL OTATE ANY COMPLICATION	FALL ON	ARDOME		Prior to	DELIVERY
21. STATE ANY COMPLICATION		ND LABOR	4.	TIONS FOR DELIVERY	,
NONE - EXCE		O β  T'S SIGNATURE	NONE		·····
I hereby certify that I attended the birth of this child who was born dead	Harmon	E. Halvers	(Specify if M. D	., midwife, or other)	236. DATE SIGNED Aug. 10, 1954
on the date stated above at 3 45 Pm.	Emmett,		If NOT 24. SIGNAT physician	TURE OF AUTHORIZED OF	FICIAL TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (City, tow	vn, or county) (State)
<u>burial Au</u>			ide 🧥	Emmett.	Idaho
DATE REC'D BY LOCAL REG	STRAR'S SIGNATURE	8.77	26. FUND DIRECTO	W Dutto	ADDRESS
7 11 1	- VI ( C	- Try		napel hmpe	tt, Idaho —

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PHS-797(VS) RECEIVED	Standard Certificate)	State File No. 130
PHS-797(VS)  4-48 FEDERAL SECURITY AGE EP 21 1954 CERTIFICATE PUBLIC HEALTH SERVICE	OF STILL BIRTH	Local Reg. No.
Division of Vital Statistics State of	Idaho	Reg. Dist. No. 340 - 361
1. PLACE OF STILLBIRTH		
a COUNTY	2. USUAL RESIDENCE OF M	b. COUNTY
Gem	laano	Gem
b. CITY (II dutside corporate limits, write RURAL and give township) OR	C. CITY (If outside corporate limits, wr.	ite RURAL and give township)
TŎŴN Emmett	Town Emmett	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MARY Secor Hosp.	d. STREET (If rural, give	location)
INSTITUTION Mary Secor Hosp.	Route 2	
3. CHILD'S NAME ((Type or Print)	Y	
	rawford WIN OR TRIPLET (This child born)   6. D	ATE OF (Month) (Day) (Year)
	1 <b>s</b>	TILLBIRTH
MALE SINGLE S TWIN TRIPLET 1 1ST L  7. FATHER'S a. (First) b. (Midd	Lie) 2ND 3RD Li	Aug. 24, 1954 8. COLOR OR RACE
NAME	c. (Dass)	6. COLOR OR RACE
Elisha J. Crawford  9. AGE (At time of this birth)   10. BIRTHPLACE (State or foreign country)	11a, USUAL OCCUPATION	white
		11b. KIND OF BUSINESS OR INDUSTRY
23 YEARS Cascade, Idaho 12. MOTHER'S a. (First) b. (Midd	truck driver	transfer
MAIDEN	, , , , , , , , , , , , , , , , , , , ,	
NAME DONA MARIO Thomps of 14. AGE (At time of this birth)   15. BIRTHPLACE (State or foreign country)		white
		O THIS MOTHER (Do NOT include this child y children were   c. How many OTHER
17 YEARS   Emmett, Idaho	dren are now living? born alive but	are now dead? children were stillborn (born dead after 20 weeks
281:1100		pregnancy)?
18a. LENGTH OF PROC   188. WEIGHT AT BIRTH TIS TYPES OF THE PROCES	1 0 1 0	1.0
36 WEEKS 4 LBS 5 OZS. Approximate da	serological test for syphilis	performed? Yes No
CAUSE OF STILLBIRTH   20a. FETAL CAUSES	·	
State only morbid conditions	BILIEAN COR	
use such terms as Stillbirth, 20b. MATERNAL CAUSES	HILLER COR	
Prematurity, Asphyxia, etc.)		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DE	LIVERY
PROMAPSE OF UMBILICAL CORD		
I hereby certify that I   23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or o	ther) 23b. DATE SIGNED
attended the birth of this //	luc- m	1 9-1-54
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT   24. SIGNATURE OF AUTH	ORIZED OFFICIAL TITLE
APPROVE P. M. SMMETT 10 AHO	attended by physician	
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER)		N (City, town, or county) (State)
burial Aug. 26.1954 Riverside		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	t, Ideho
Lead & RESTLE X	ma deller la	1 12raxs
The state of the s	THE BEATTY Chape	<u> </u>
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PUBLIC MEALTH SERVICE

LEVISION OF VITAL Statistics

## (1949 Revision of Standard Certificate)

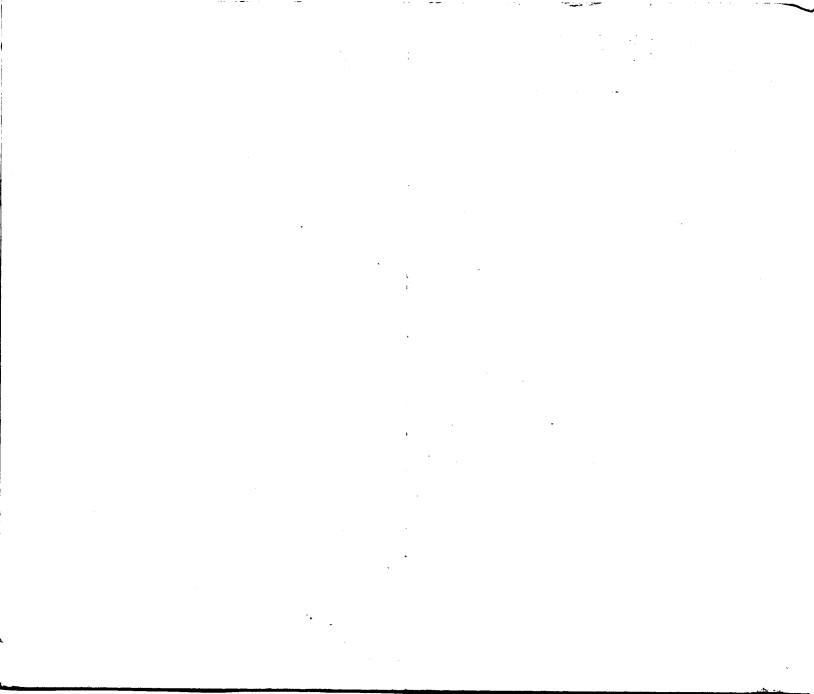
## CERTIFICATE OF STILLBIRTH State of Idaho

State File No	137
Local Reg. No. 215 Reg. Dist. No. 440	(91153)
Reg. Dist. No. 440	

	<del></del>
I. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY Jerome	a. STATE Idaho b. COUNTY Jerome
b. CiTY (If outside corporate limits, write RURAL and give township)	C. CITY (If outside corporate limits, write RURAL and give township)
TOWN Route 1	TOWN Route 1 Jerome
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR StBenedicts Hospital	d. STREET (If rural, give location) ADDRESS
3. CHILD'S NAME	
((Type or Print) Daniel Nelsen	n
1 1	TWIN OR TRIPLET (This shild born) 6. DATE OF (Month) (Day) (Year)
Male single Twin Triplet 1st	2ND 3RD STILLBIRTH (Month) (Day) (Year) August 20 1954
7. FATHER'S a. (First) b. (Mic	. (
Jack Han	rold Nelsen White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
25 years Medford Oregon	Farmer
12. MOTHER'S a. (First) b. (Mid Maiden Joan Cathe	
14. AGE (At time of this birth)   15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
22 years Wendell Idaho	a. How many children were dren are now living? b. How many children were c. How many OTHER children were stillborn
17. INFORMANT	none none (born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a standard NANCY 8LBS. 4 OZS. Approximate d	ate Feb. 1954 Yes. X. No
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	t
Prematurity, Asphyxia, etc.)	planeta holonella
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this child who was born dead	(Specify if M. D., midwife, or other)  23b. DATE SIGNED  8/33/54
on the date stated above at 6.50 g. m. Je come Tdeho	If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER TION REMOVAL (Goedly)	<b>T</b>
	144110
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE A110 . 23.1954 Sister M. Change M.	26. FUNERAL DIRECTOR ADDRESS  Jerome Idaho
and a man of the second of the	

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PHS-797(VS) ALC DO 05 1949 Revision of	Standard Certificate)	State File No.
FEDERAL SECURITY A PAGE 20 1954 CERTIFICATE	OF STILLBIRTH	Local Reg. No
Division of Vital Statistics State of	Idaho	Reg. Dist. No. 450
i. PLACE OF STILLBIRTH a. COUNTY Minidaka	2. USUAL RESIDENCE OF MO	THER (Where does mother live?) b. COUNTY Minidoka
b. CITY (Il outside or porate limits, write RURAL and give township) OR TOWN	C. CITY (If outside corporate limits, write OR TOWN	RURAL and give township)
c. FULL NAME OF a not in hospital or institution, give street address or location) HOSPITAL OR HOSPITA	d. STREET (If rural, give to ADDRESS	eation)
3. CHILD'S NAME ((Type or Print) Stillbonn Baby		ne
Male   SINGLE X TWIN TRIPLET   1ST	WIN OR TRIPLET (This child born) 6. DAT STII	E OF (Month) (Day) (Year)  LBIRTH 8 - 7 -54
7. FATHER'S D. (Mid-	$\sum_{i=0}^{c} D_{i}(i)$	8. COLOR OR RACE  Who Te
9. AGE (At time of this birth)  10. BINTHPLACE (State or foreign country)  20 YEARS  VEARS	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY Seed Ware house
12. MOTHER'S MAIDEN DE MEYE LACE	Stevenson	13. COLOR OR RACE
14. AGE (At time of this birth)  YEARS  15. BIRTHPLACE (State or foreign country)  YEARS  ACCOULA  Leah o	a. How many children are now living? born alive but a	THIS MOTHER (Do NOT include this child)  children were   c. How many OTHER re now dead?   children were stillborn
Mrs. Jenera Stevenson	0 0	(born dead after 20 weeks pregnancy)?
18a, LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19. Was a standard Approximate da	serological test for syphilis p	
CAUSE OF STILLBIRTH State only morbid conditions with the state of the	h at 34 week	39.6
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		•
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DEL	IVERY
I hereby certify that I attended the birth of this child who was born dead	Specity II M. D., withwite, or of	23b. DATE SIGNED
on the date stated above at/0:30 Am.   23c. ASTENDANT'S ADDRESS   at/0:30 Am.	If NOT attended by physician	RIZED OFFICIAL TITLE
25a. BURIAL, CREMA- TION-REMOVAL (Speeder)  Aug 7/954  Character  The state of the	Y OR CREMATORY 25d. LOCATION	(City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  8-11-1944	26. FUNERAL DIRECTOR	ADDRESS Range
	Eade	2 dah



-48	ED (1949 Revision of	•	-	
EDERAL SECURITY AGENCY UBLIC HEALTH SERVICE 20	State of		Reg. Dist.	No. 2.2.0
PLACE OF STILLBIR HVital  a. COUNTY  Nos. Perce  b. CITY (If outside corporate limits, write R		a. STATE Idah	DENCE OF MOTHER (Wher b. COUNTY opporate limits, write RURAL and give	Nez Perce
OR TOWN Lewiston  c. FULL NAME OF (If not in hospital or in		OR	Ston (If rural, give location)	
HOSPITAL OR INSTITUTION St. Josep		ADDRESS	2306 Main	
3. CHILD'S NAME ((Type or Print) BAB	Y GIRL MILL			
S. SEX 5a. THIS BIRTH  Female SINGLE X T	Sb. IF T	WIN OR TRIPLET (Thise o	CTILLDIDTU	th) (Day) (Year) gust 5, 1954
7. FATHER'S a. (First NAME Jay	b. (Midd	lle)	c. (Last) Mill	8. COLOR OR RACE White
	HPLACE (State or foreign country)	11a. USUAL OCCUPAT		F BUSINESS OR INDUSTRY
36 YEARS   Sout MOTHER'S a. (First MAIDEN MARY NAME MARY	hwiek, Idaho b. (Mide	lle)	c. (Last) Pulzin	13. COLOR OR RACE White
. AGE (At time of this birth) 15. BIRT	HPLACE (State or foreign country)		OUSLY BORN TO THIS MOTHER	
23 YEARS Spoke	ane, Washington	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
Ba. LEAGTH OF PREG- NANCY WEEKS LBS.	OZS. Approximate da		for syphilis performed?	Yes No
DAUSE OF STILLBIRTH	AL CAUSES Unknow	un		39,5
tate only morbid conditions ausing fetal death (do NOT se such terms as Stillbirth, rematurity, Asphyxia, etc.)	TERNAL CAUSES	noun		
1. STATE ANY COMPLICATIONS OF PRE	GNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
I hereby certify that tended the birth of this hild who was born dead	TENDANT'S SIGNATURE	(Specity if M.)	D., midwife, or other)	23b. DATE SIGNED
t 6:12 P m. 230 PTT	ENDANTS ADDRESS John	If NOT 24. SIGNA attended by physician	TURE OF AUTHORIZED OFFICIA	AL / TÍTLE
5a. BURIAL, CREMA- ION, REMOVAL (Specify) Burial August	25c. NAME OF CEMETER		Lewiston, Idah	
SATE REC'D BY LOCAL RESISTRAR'S REG	<del></del>	26. FUNERAL DIRECT	TOR Brower-Wann	DDRESS Lewiston, Ida
		• •		·
				Dr. Mackey

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PHS-797(VS)	RI	ECFIVE	(1949 Revision of	Standard Certificate	e)	State File	
FEDERAL SECUR PUBLIC HEALTH SE	RVICE	UCA — I A E	CERTIFICATE	OF STILLBIF	₹TH	Local Reg.	No. 48 5
	•	3EP   6 .45.	<i>A</i> State o	í Idaho		Reg. Dist.	No. 4 6 0
1. PLACE OF S	TILLE	tod of Vital Sta	tistica	2. USUAL RESID	ENCE OF MO		does mother live?)
a. COUNTY	Twin	Falls	monta	a. STATE Idal	10	b. COUNTY	Twin Falls
b. CITY (If outside OR	e corporate li	mits, write RURAL and	give township)	c. CITY (If outside of	orporate limits, write	RURAL and give	township)
OR TOWN T	win Fa	lls	·	TOWN -	uhl.		
HOSPITAL OR			ive street address or location)	d. STREET ADDRESS	(If rural, give loc	ntion)	
INSTITUTION	Magic	Valley Mem	orial Hospita	2	21South 7t	h Stree	t
3. CHILD'S NA ((Type or Print							
[[ Type or Fina	.,	Baby Boy	Johnson				
4. SEX	5a. THIS	BIRTH	5b. 1F	TWIN OR TRIPLET (This o	hild born) 6. DAT	E OF (Mont	h) (Day) (Year)
Male	SINGLE		TRIPLET 1ST	2ND	3RD SIL	Aug	ust 24, 1954
7. FATHER'S NAME		a. (First)	b. (Mid	dle)	c. (Last)		8. COLOR OR RACE
	An	drew		J	ohnson		White
9. AGE (At time of the	hie birth)	10. BIRTHPLACE (S	State or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR INDUSTRY
24	YEARS	Sallicaw	Oklahoma	Laborer			None
12. MOTHER'S MAIDEN		a. (First,	b. (Mid	dle)	c. (Last)		13. COLOR OR RACE
NAME		Pearl	В.		Maddox		White
14. AGE (At time of the	his birth)	15. BIRTHPLACE (6	State or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO T	HIS MOTHER (	Do NOT include this child)
20	YEARS	Cederval	e, Kansas	a. How many children are now living?	b. How many of born alive but an	children were	c. How many OTHER children were stillborn
17. INFORMAN	T ()	<u> </u>		-			(born dead after 20 weeks pregnancy)?
Mondre	w g	nno		1 1	0		0
18a. LENGTH OF PR	REG-   18b.	WEIGHT AT BIRTH	19 Was a standard	serological test f	or syphilis pe	erformed?	YesNo
WEEKS		LBS. 07S.	Approximate de	ate.			
CAUSE OF STIL		20a. FETAL CAUSE	solver	elia.	of fel	tal C	reulalio
State only morbid causing fetal death use such terms as	conditions (do NOT	Jun	a know	in co	Nd: ( -	tela	caphy
use such terms as Prematurity, Asphy	Stillbirth, xia. etc.)	20b. MATERIAL C	AUSES				1 06
		200	~		<u> </u>		
21. STATE ANY COM	MPLICATION	NS OF PREGNANCY	AND LABOR	22. STATE ALL OPER	ATIONS FOR DELI	VERY	
		·		<u> </u>			
I hereby certif	y that I	23a. ATTENDA	NT'S SIGNATURE	(Specify if M. I	D., midwife, or The	ar)	23b. DATE SIGNED
attended the birt child who was be	n oj inis orn dead	Jen	2 Holma	cerson	M.V		7-1-54
on the date state	ed above	23c. ATTENDANT'S	ADDRESS	If NOT 24. SIGNA	TURE OF AUTHOR	RIZED OFFICIAL	L TITLE
at	m.			physician			
25a. BURIAL, CRE TION, REMOVAL (8po	MA- 25b.	DATE	25c. NAME OF CEMETER	RY OR CREMATORY	25d. LOCATION	(City, town, or	county) (State)
Burial	Au	g 26, 1954	Buhl City	Cemetery	Buh]	<u> </u>	<u>Idaho</u>
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATUR	RE	26. FUNERAL DIRECT	OR	AD	DRESS
sept 219.	54 3	asel The	leon			В	uhl, Idaho
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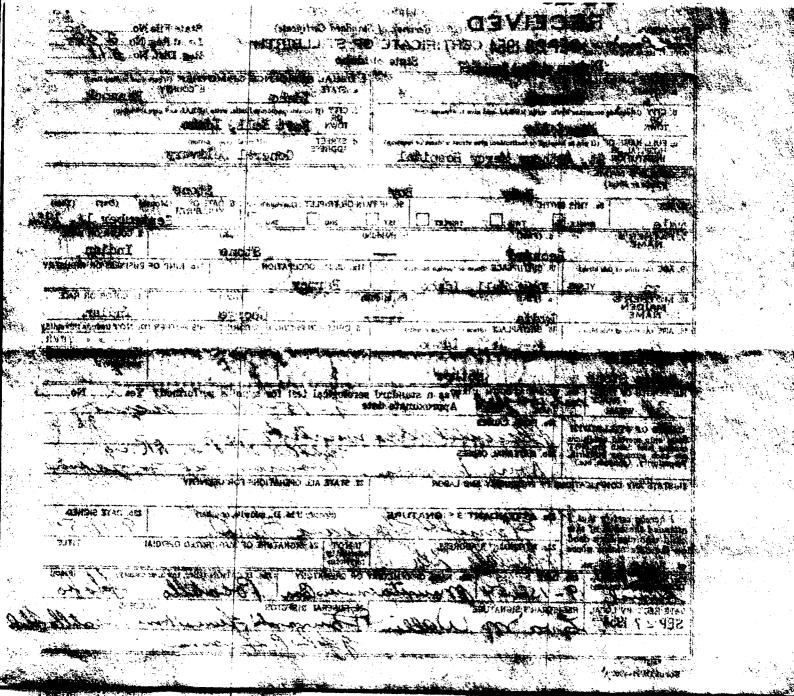
		FIAF		Standard Certificat	e)	State File	No	141
FEDERAL SECURITY OF TO 1954 CERTIFICATE OF STILLE					RTH	Local Reg	. No. <b>45.</b> 2	
Div	ision .	of Vital Statist	ica State o	f Idaho		Reg. Dist.	No. 370	
1. PLACE OF STIL	LBIR	ТН		2. USUAL RESID	ENCE OF MO	OTHER (Where	does mother live?	)
a. COUNTY	Ada		<u> </u>		laho	b. COUNTY	Gem	
b. CiTY (If outside corr	porate liu	nite, write RURAL and	give township)	c. CITY (if outside of				
OR TOWN B	oise	. Idaho		TOWN En	mett, Id	aho Rt.	#1	
c. FULL NAME OF (14 HOSPITAL OR	f not in h	cepital or institution, gi	ve street address or location)	d. STREET ADDRESS	(If rural, give lo	cation)		
		ike's Hospi	Ltal					
3. CHILD'S NAME ((Type or Print)		Infant gi	irl Wood					
4. SEX 5a.	THIS B			TWIN OR TRIPLET (This o	shild born) 6. DA	TE OF (Mont	h) (Day)	(Year)
Female s	INGLE	TWIN .	TRIPLET 1ST		3RD STI	LLBIRTH 9	25	54
7. FATHER'S NAME		a. (First)	b. (Mid	dle)	c. (Last)		8. COLOR OR	RACE
		Frank	Gle	nn	Wood		W	
9. AGE (At time of this bir	rth)		tate or foreign country)	11a. USUAL OCCUPAT	TION		BUSINESS OR	
	EARS	Goodman,		Farmer		Sel	f Employ	red
12. MOTHER'S MAIDEN		a. (First)	b. (Mid	dle)	c. (Last)		13. COLOR OR	RACE
NAME	<del>- :</del>	Evelyn	Nola Nola	· · · · · · · · · · · · · · · · · · ·	Angel		W	
14. AGE (At time of this bit		Colora	tate or foreign country)	16. CHILDREN PREVIO				
17. INFORMANT	EARS	0010180	<u> </u>	a. How many children are now living?	b. How many born alive but a	re now dead?	<ul> <li>c. How many children were (born dead after</li> </ul>	still born
Frank G. W	Sool.	-Father		3	none		pregnancy) ne	r 20 weeks
18a. LENGTH OF PREG-		WEIGHT AT BIRTH	19.Was a standard	perological test (	on symbilia m		V V .	1
5 mo. WEEKS	1 2	LBS. 11 ozs.	Approximate de	serological test h		954.	1esA	
CAUSE OF STILLBII	Itime	20a. FETAL CAUSES	Erythra	alactoris d	etalie		j	39.2
causing fetal death (do use such terms as Stilli Prematurity, Asphyxia, e	birth,	20b. MATERNAL CA	USES Plu neg	estive the	ul, il	encitics	time.	
21. STATE ANY COMPLIC That al scale	CATION	OF PREGNANCY A	AND LABOR	22. STATE ALL OPER/	ATIONS FOR DEL	IVERY	<u>~~~~</u>	
I hereby certify th			IT'S SIGNATURE	(Specify if M. I	o., midwig, or oth	ver)	23b. DATE SIG	NED
attended the birth of child who was born		5	Hickey	. 1 - 7	VA		9.2	9.54
on the date stated a	bove	23c. ATTENDANT'S		II NOT   24. SIGNAT	TURE OF AUTHO	RIZED OFFICIAL		TITLE
at 2.30 ff.	n.	Bull,	Lano	attended by physician				
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. I	DATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or	ounty)	(State)
Cremition		30-54		s Hospital	Boise	, Idah	0	
DATE REC'D BY LOCAL REG.	REGIS	TRAR'S SIGNATURE		26. FUNERAL DIRECT	OR	ADI	DRESS	•
10-1-54		reptle	Talmer	Zua W. 1	Waxen.	Bo	<u>rese De</u>	laleo
		Ø		. •	•			•

Martin of the party of the second A 16 State Appendix A 18 March Carret & Francis The same of the sa THE PROPERTY TENNET, OWNERS OF The section of the se MARKET STATE OF STATE OF Dette State Company of the Sta A Parel of Parel and and an organic by All the drawn beauty of the VINDE OF THE PARTY Gin I like at the transmitted in the case THE PARTY OF THE P to the transfer of the same of at to

RECEIVED 1 2 % PHS-797(VS) FEDERAL SECURITY ACCT 1 1 1954 (1949 Revision of Standard Certificate) State File No. ERTIFICATE OF STILLBIRTH Local Reg. No. Division of Vital Statistic Reg. Dist. No.. State of Idaho 1. PLACE OF STILLBIRTH 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. COUNTY b. COUNTY Bingham a. STATE Bannock Idaho b. CITY (If outside corporate limits, write RURAL and give township) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot Pocatello TÖWN c. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET HOSPITAL OR HOSPITAL OR HOSPITAL HOSPITAL HOSPITAL (If rural, give location) ADDRESS 3. CHILD'S NAME (Type or Print) Baby Girl Pease 6. DATE OF (Month) 28, 1954 4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) SINGLE 3 Female TRIPLET TWIN L 2ND 3RD 7. FATHER'S NAME a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE David Thornley Pease White 9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY Rockland. Idaho **YEARS** Farming Self-employed 12. MOTHER'S MAIDEN a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE NAME LeYonda Mae Thompson White 14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? YEARS Malad. Idaho c. How many OTHER children were stillborn (born dead after 20 weeks 17. INFORMANT pregnancy)? Mother LeYonda Pease One One None 18a. LENGTH OF PREG-NANCY 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes...X..... No. Approximate date 20+ WEEKS Not usdoneozs. 20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSE 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY I hereby certify that I attended the birth of this (Specify if M. D., midwife, or other) 23b. DATE SIGNED child who was born dead on the date stated above 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE attender by physician 7:35 P. 258. BURIAL, CREMA-TION, REMOVAL (Smoothy) Removal 25c. NAME OF CEMETERY OR CREMATORY 25b. DATE 25d. LOCATION (City, town, or county) (State) 8-28-54 Rockland Rockland Cemtery. Idaho DATE REC'D BY LOCAL BC 7 1954 REG. RECISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS Hall-Crant Mortuary ocatello

73 10 H THE CO. white it me is a stay on the other in

PHS-797(VS)	RE	CEIVE	(1949 Revision of	Standard Cer	tificate)		State File	No
FEDERAL SECUR	ITY A	P 28 1954 (	CERTIFICATE	OF STILI	LBIR	ГН	Local Reg.	No. 2.2
PUBLIC HEALTH SE		of Vital Statis		f Idaho			Reg. Dist.	No <b>.</b> 2
1. PLACE OF S					RESIDE	NCE OF MO		does mother live?)
a. COUNTY	Bar	mock		a. STATE	Idaho		b. COUNTY	Bannock
b. CITY (If outside	e corporate li	mits, write RURAL and	rive township)	c. CITY (If o	utaida corp	orate limits, write	RURAL and give	township)
OR TOWN	Poca	tello		TÖŴN :	Fort	Hall, Id	laho	
	F (If not in l	nospital or institution, giv	re street address or location)	d. STREET ADDRESS		(If rural, give lo		
HOSPITAL OR INSTITUTION	St. A	nthony Merc	y Hospital	APPRESS	Gen	eral Del	livery	
3. CHILD'S NA								
[(Type or Print	:)	Baby	Boy			\$	Stone	
4. SEX	5a. THIS I			TWIN OR TRIPLE	T (This chi	ld born) 6. DAT	E OF (Mont	th) (Day) (Year)
male	SINGLE	X TWIN	TRIPLET 1ST		347	10   311	Sep	tember 14, 1954
7. FATHER'S NAME		a. (First)	b. (Mid	die)		c. (Last)		8. COLOR OR RACE
NAME		Leonard				Stone		Indian
9. AGE (At time of the		10. BIRTHPLACE (84	ate or foreign country)	11a. USUAL O	CCUPATIO	ON	11b. KIND OF	BUSINESS OR INDUSTRY
32	YEARS	Fort Hall	. Idaho	Farm	er			
12. MOTHER'S MAIDEN		a. (First)	b. (Mid	dle)		c. (Last)		13. COLOR OR RACE
NAME		Ivdia				George		Indian
14. AGE (At time of the	his birth)	15. BIRTHPLACE (8	tate or foreign country)					Do NOT include this child)
33	YEARS	Fort Hall	, Idaho	a. How many	y chil- living?	b. How many born alive but a	children were re now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
17. INFORMAN	Т			]		•		(born dead after 20 weeks   pregnancy)?
Lydia Sto	one	I	nother	5		1		<u> </u>
18a. LENGTH OF PE		WEIGHT AT BIRTH	γγαρα εκαιματί		test fo	r syphilis p	erformed?	Yes K No
24 WEEKS		LES. JOES.	Approximate d	ate $q_{-}$	15-	-54	-21	egat
CAUSE OF STIL	LBIRTH	20e. FETAL CAUSES	to On da		7. 4	4 -		96,6
State only morbid causing fetal death use such terms as	conditions (do NOT	Place	utal abno	rma	u ·	To A	2 61	P-200
use such terms as Prematurity, Asphy	Stillbirth, xis. etc.)	20b. MATERNAL CA	USES	nia	ruu	1(4)		and the same
		1 noue	Rusulu	100 07175 111	occi	the se	WEDY -	Jareno
21. STATE ANY CO	MPLICATIO	NS OF PREGNANCY	AND LABOR	ZZ. STATE AL	L OPERA	FIONS FOR DEL	IVERY .	
I hereby certi	for that T	23a. ATTENDAN	IT'S SIGNATURE	(Specif	y if M. D.	, midwife, or ot	her)	23b. DATE SIGNED
attended the birt	h of this	Fara	with to	uear	D-	Dan D	•	9-19-54
child who was b		23c. ATTENDANT'S	ADDRESS.	If NOT   24	. SIGNAT	URE OF AUTHO	RIZED OFFICIA	L TITLE
at _6.25 P		Hombell	le Tolu	attended by physician				
25a. BURIAL, CRE		DATE	25c. NAME OF CEMETE	RY OR CREMATO	ORY	25d. LOCATION	(City, town, or	county) (State)
TIONEREMOVALOR	odty) 9	-15-54	mounta	inview (	em	Toca	tello	Solako
DATE REC'D BY LO	CAL REC	STRAR'S SIGNATUR	E \	20. FUNERAL	DIRECTO	OR /	A AL	ODRESS 11 11
SEP 2 7 195	FEG.	m.	Wallin	Jon	nan	4 que	realthon	~ / ocalille flat
				Is Sol	Rus P.	Las	رسدد	,
				00-		-0700		

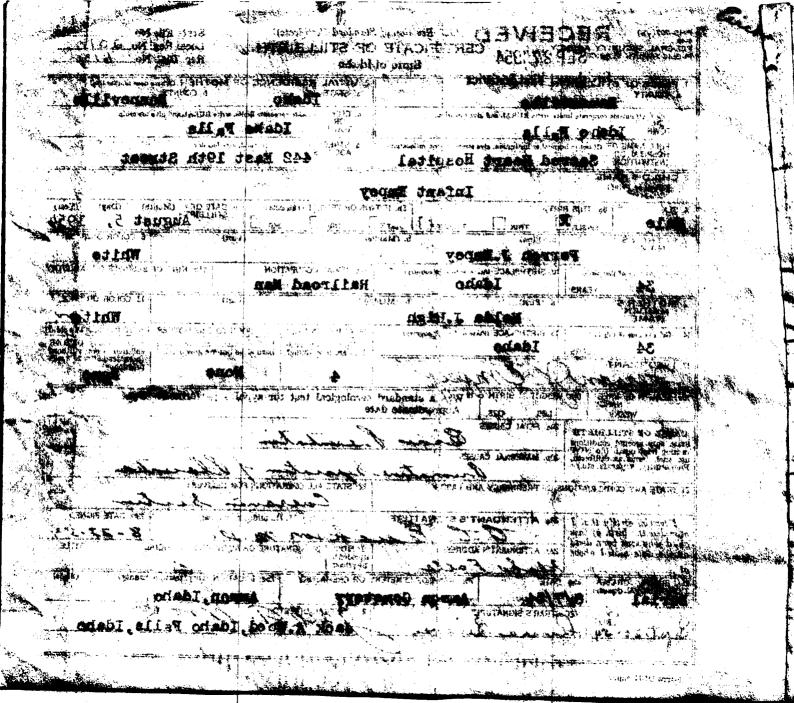


l = =	(40 to 7)			
PHS-797(VS) 4-48	(1949 Revision of	Standard Certificate	State File	No
FEDERAL SECUR	ERVICE RECEIVERTIFICATE	OF STILLBIR	TH Local Reg	. No8/
	State of	of Idaho	Reg. Dist.	No
1. PLACE OF S	TILLBIRTH 0CT 1 ,954	2 USUAL RESIDE	NCE OF MOTHER (When	does mother live?)
a. COUNTY	Bonn Division of Vital Statistics	a. STATE TO	aho b. COUNTY	Bonner
		_		
OR .	de corporate limits, write RURAL and give township)	II OR 📥	porate limits, write RURAL and give	township)
	Sandpoint,	-	ndpoint,	
c. FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital or institution, give street address or location) Bonner General	d. STREET ADDRESS	(If rural, give location)  22 N. Wash	naton
3. CHILD'S NA ((Type or Print		· · · · · · · · · · · · · · · · · · ·		8
4. SEX	5a. THIS BIRTH ,5b. IF	TWIN OR TRIPLET (This ch	ild born) 6. DATE OF (Mon	th) (Day) (Year)
Male	SINGLE TWIN TRIPLET 1ST	2ND 3	RD STILLBIRTH 8	ept 16, 1954
7. FATHER'S	a. (First) b. (Mic		c. (Last)	8. COLOR OR RACE
NAME	Alfred H. Ray			White
9. AGE (At time of the		11a, USUAL OCCUPATI	ON LID KIND OF	BUSINESS OR INDUSTRY
32	YEARS Bart, Michigan	Logger	Wood	
12. MOTHER'S MAIDEN NAME	a. (First) b. (Mic	idle)	c. (Last)	13. COLOR OR RACE White
14. AGE (At time of ti		I 16 CHILDDEN BRENIO	USLY BORN TO THIS MOTHER	
_	the dealer the abdustion			c. How many OTHER
26		dren are now living?	b. How many children were born alive but are now dead?	children were stillborn
17. INFORMANT	H. Ray (CMD) Alfred H Ray	2	. •	(born dead after 20 weeks pregnancy)?
18a. LEAGTH OF PE	REG-   186. WEIGHT AT BIRTH   19 Targe a standam	l complopical test fo	or syphilis performed?	Yes No
AZ WEEKS	S Z LBS. / OZS.   Approximate d		/54	92.0
CAUSE OF STIL	LIBIRTH 20a. FETAL CAUSES			1
State only morbid causing fetal death use such terms as	conditions to emal fueral 1119-2	I weeks go	station	
use such terms as Prematurity, Asphy	Stillbirth, 20b. MATERNAL CAUSES Peritor	17/15, po	luic, secon	Vary to
Frematurtey, Aspuly	attempted int	errun Flou	ba mot	Ser
21. STATE ANY CO	MPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	TIONS FOR DELIVERY	
See	206	None		
I hereby certif		(Specify if M. D	., midwife, or other)	23b. DATE SIGNED
attended the birt	th of this	mule	n X	9/19/57/
child who was be		II NOT   24. SIGNAT	URE OF AUTHORIZED OFFICIA	I TITLE
at	Sandpoint, Idaho	attended by physician	one of nomental office.	
25a. BURIAL, CRE TION, REMOVAL (8p. Cremat 10	MA- 25b. DATE 25c. NAME OF CEMETE 25c. NAME OF		25d. LOCATION (City, town, or Sandpoint, Id	
DATE REC'D BY LO		26. FUNERAL PIRECTO	AI ( ) AI	DDRESS
Sept 27,	Mace Hell		MONT	ndpaint Ils
V		2-1	V	v
Form DPH-48020	0 . A + . Dain	xlivo 4	died	الممتق

1st Twin

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FEDERAL SECURITY AGEN PUBLIC HEALTH SERVICES	Sidle of	OF STILLBIR	TH Local Reg	No. 145 No. 201
1. PLACE OF STILLER	Fel Vital Statistics	2. USUAL RESID	ENCE OF MOTHER (When	e dose mother live?)
a. COUNTY	v111e	a. STATE Idah	b. COUNTY	nneville
b. CITY (If outside sorporate lin OR TOWN <b>Ideh</b>	mits, write RURAL and give township)	II OR	rporate limits, write RURAL and give	e township)
HOCOLTAL OD	nospital or institution, give street address or location) red Heart Hespital	d. STREET ADDRESS	(If rural, give location)  Rast 19th 8t1	reet
3. CHILD'S NAME				
(Type or Print)	Infant Emp	ФŢ		
4. SEX 5a. THIS I		TWIN OR TRIPLET (This of	hild born) 6. DATE OF (Mon STILLBIRTH 3RD Augu	th) (Day) (Year) st 5, 1954
7. FATHER'S	a. (First) b. (Mide	dle)	c. (Last)	8. COLOR OR RACE
NAME F	erren J.Empey			White
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT		F BUSINESS OR INDUSTRY
34 YEARS	Idahe	Railroad	Man	
12. MOTHER'S MAIDEN	a. (First) b. (Mid	dle)	c. (Last)	13. COLOR OR RACE
NAME	Welda J.High			White
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	<del></del>	DUSLY BORN TO THIS MOTHER	
34 YEARS	Idaho	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	V. Empey	4	None	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY WEEKS	VEIGHT AT BIRTH 4 19 Was a standard		or syphilis performed?	YesNo
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	P 7	, '	36,2
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES	8 +	= 180	7-
	Oresalus.	22. STATE ALL OPER	ATIONS FOR DELIVERY	
21. STATE ANY COMPLICATION	NS OF PREGNANCY AND LABOR	Caux	ani Su	tur
I hereby certify that I	23a. ATTENDANT'S SIGNATURE	(Specify if M. )	D., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	to to to	ekson	m.D.	8-23.54
on the date stated above	23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNA	TURE OF AUTHORIZED OFFICE	AL TITLE
at m.	Idaho Falle	physician		
	DATE 25c. NAME OF CEMETER	RY OR CREMATORY	25d. LOCATION (City, town, o	r county) (State)
TION, REMOVAL (Specify)	7/54 Ammen Ceme	tery	Ammon, Idahe	<b></b>
DATE REC'D BY LOCAL   REG	SISTRAR'S SIGNATURE	26. PUNERAL DIRECT	er- NO00	DRESS
Sept. 20-84 -6	Coma Budges	Jack L.	food, Idaho Fal	15, Idaha
	$\mathcal{C}$			



## PHS-797(US) 1954

PHS-797(VS)

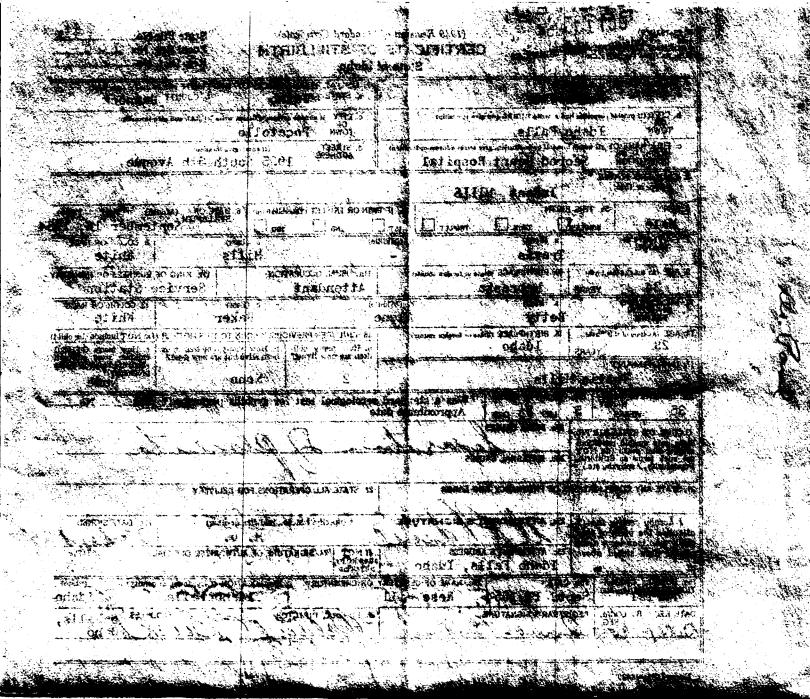
4-49
FEDERAL SESSION OF AVEN Statistics
PUBLIC HEALTH SERVICE

## (1949 Revision of Standard Certificate)

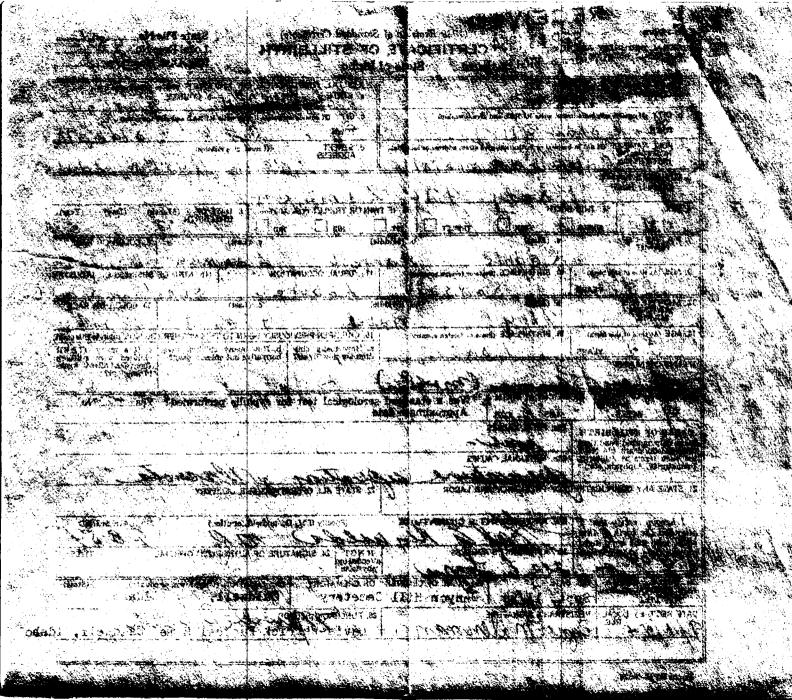
## CERTIFICATE OF STILLBIRTH

State File No Local Reg. No	146
Local Reg. No	206
Reg. Dist. No	610

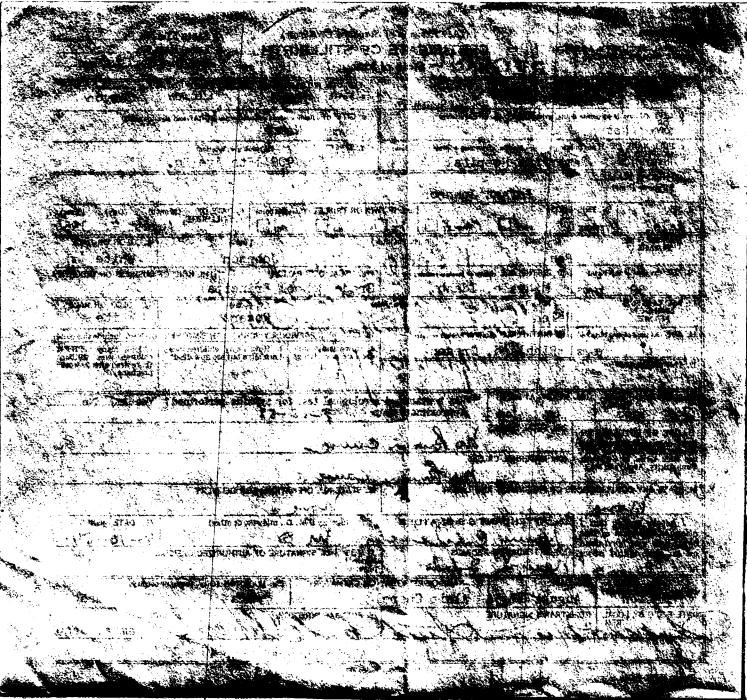
			210	He OI	Idano		Iveg. Disc.	110	
1. PLACE OF S	TILLBIR	TH		<del></del>	2. USUAL RESIE	ENCE OF MO	OTHER (When	a does mother liv	-21
a. COUNTY	Bonne	eville			a. STATE Ida	ho	b. COUNTY	Bannock	··,
OR	e corporate li	mite, write RURAL and g	ive township)		c. CiTY (If outside e	orporate limits, write	RURAL and give	township)	
TOWN		Falls			TOWN Poc	atello			•
HOSPITAL OR		hospital or institution, give		tion)	d. STREET ADDRESS	(If rural, give le		<del></del>	<del></del>
INSTITUTION		cred Heart H	lospital		1	935 South	n 5th Av	enue	
3. CHILD'S NA									
			LLS						
4. SEX	5a. THIS		].5	b. IF T	WIN OR TRIPLET (This	shild born) 6. DA	TE OF (Mon	th) (Day)	(Year)
Male	SINGLE		TRIPLET	1ST L	2ND	3RD	LLBIRTH Sep	tember 1	<u>1954</u>
7. FATHER'S NAME		a. (First)	b.	(Midd	le)	c. (Last)		8. COLOR OF	RRACE
	·	Travis				Mills		White	<del></del>
9. AGE (At time of the	his birth)	10. BIRTHPLACE (Sta			11a. USUAL OCCUPAT	TION	l .	BUSINESS OR	
24	YEARS	Nebraska			Attendant	<del></del>	Service	e Statio	
12. MOTHER'S MAIDEN		a. (First) Betty		(Midd		c. (Last)	_	13. COLOR O	
NAME				1ene		Baker		White	
14. AGE (At time of the 23		15. BIRTHPLACE (8ta Idaho	te or foreign country)		16. CHILDREN PREVIO				
17. INFORMANT	YEARS				a. How many chil- dren are now living?	b. How many born alive but a	re now dead?	c. How man children wer	y OTHER e stillborn
	avis N	(i 11a			2	None		(born dead aft pregnancy)?	
18a. LENGTH OF PR			10		l	1		Nor	10
35 WEEKS	NCY _	LBS. 32 OZS.	Approxima	dard te dat	serological test f	or syphilis p	erformed?	Yes	No
CAUSE OF STILI		20a. FETAL CAUSES	7						3/ 5
State only morbid of	conditions	· /	· las	1.	$\sim 10$	Ala.	0. 1	-	36,2
State only morbid causing fetal death use such terms as	(do NOT Stillbirth,	20b. MATERNAL CAU	SES SES	200		prince	an/	<u> </u>	
Prematurity, Asphyr	IIA, etc.)					/			
21. STATE ANY COM	PLICATION	S OF PREGNANCY AN	ID LABOR		22. STATE ALL OPERA	ATIONS FOR DEL	IVERY		
		1							
I hereby certify		23a. ATTENDAR	CELGNATUR	₹E	(Specify if M. I	)., midwife, or oth	ner)	23b. DATE SI	NED
attended the birth child who wa <b>s</b> bo		_WX	1 au	1	7	M. D.	ł	291	ont 5
on the date state		23c. ATTENDANT'S A		7	If NOT   24. SIGNAT	TURE OF AUTHO	RIZED OFFICIAL	_ <del>- / -   -</del> /	TITLE /
at	m.	Idaho Fall		I	attended by physician			v.	ux/
25a. BURIAL, CREM			25c. NAME OF CEN		OR CREMATORY	25d. LOCATION		county)	(State)
Burial	"   Sep	ot. 17,1954	Rose H	i11	l		Falls		Idaho
DATE REC'D BY LO	CAL REGI	STRAR'S SIGNATURE	2 4		26. FUNERAL DIRECTO	OR _	/ AD	officano F	falls.
Oct. 7-193	Fy 1	ma/	Julyes		Chlai	ed Ces	Ou c	Adal	
						7			<del></del>
			1 /						



RECEIVED		the stage of the	•
PHS-797(VS)  4-48 FEDERAL SECURITY AGENCY 18 1954 CERTIFICATE	Standard Certificat	e) State File	No. LAT
FEDERAL SECURITY AGENCY 13 1954 CERTIFICATE	OF STILLBI	RTH Local Reg	z. No. 2 0 1
PUBLIC HEALTH SERDIFISION of Vital Statistics State of		Reg. Dist	. No. 3.6.
1. PLACE OF STILLBIRTH	2. USUAL RESIE	ENCE OF MOTHER (When	re dose mother (in-t)
a. COUNTY ( A D) 4 b D/	a. STATE	DIO ho, b. COUNTY	0 -
b. CITY (If outside corporate limits, write RURAL and give township)	c. CITY (If outside o	orporate limits, write RURAL and giv	to day 4 6 1V
TOWN Caldwell	OR TOWN	at 6 0	2/-/4/011
C. FULL NAME OF (If not in hospital or institution, give street address or location)	d. STREET	(If rural, give location)	- 0 10 WEI
HOSPITAL OR INSTITUTION ( ) /dwe// /// P MO / /a/	ADDRESS		ton Idah
3. CHILD'S NAME		<i>*</i>	Contract of the contract of th
(Type or Print) Randy 474.	Lamm	o a	
4. SEX 5a. THIS BIRTH 5b. IF T	WIN OR TRIPLET (This	hild form) 6. DATE OF (Mon	ath) (Day) (Year)
Nale single Twin Triplet I ist	2ND	3RD STILLBIRTH	7 54
7. FATHER'S a. (First) b. (Midd	le)	c. (Last)	8. COLOR OR RACE
Cedric Fa	nNost	2 ammeg	White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT		F BUSINESS OR INDUSTRY
28 YEARS KONSOS	Labor	eh (no	other is less a
12. MOTHER'S a. (First) b. (Midd	le)	c. (Last)	13. COLOR OR RACE
NAME 7/04 /Y) d	bel	Atwood	White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		DUSLY BORN TO THIS MOTHER	(Do NOT include this child)
24 YEARS KONSOS	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	()		(born dead after 20 weeks pregnancy)?
Along Cammer (mother	2	ĬD.	1 0
18a. LENGTH OF PRES 18b. WEIGHT AT BIRTH 19 Was a standard	serological test f	or syphilis performed?	Yes. No.
40 WEEKS / LBS. /2 OZS. Approximate dat	je.		4
CAUSE OF STILLBIRTH   20a. FETAL CAUSES			36-2
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES			
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	1 -	$\sim 1$	
fremaune sy	Walin	y flaren	la
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
I hereby certify that I 23a. ATTEMONT'S SIGNATURE attended the birth of this	(Specify if M. I	)., midwife, or other)	23b. DATE SIGNED
child who was born dead	ulde	m. Q	9-8.54
on the date stated above 23c. ATTENDANT'S ADDRESS	Bitterroled by [	TURE OF AUTHORIZED OFFICIA	L TITLE
at	physician		
TION REMOVAL (Specific)		25d. LOCATION (City, town, or	
Burial   Sept. 11/54   Canyon Hill (		Caldwell,	Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL OFFICE		DRESS
1/11/07 regner 11 auruller	Davis-Werr	ick Funeral Home	Caldwell, Idaho



	- سر			:						•	148
PHS-797(VS) 4-48				(1949 Revi	sion of	Standard Ce	rtificat	e)	State Fil	e No	
FEDERAL SECUP		<b>VCY</b>	<u>C</u>	ERTIEIC	ATE	OF STIL	LBII	RTH	Local Re	g. No	4
	,	R	ECE	EIVES	tate of	Idaho			Reg. Dis	. ک No	62
1. PLACE OF S	TILLBIR		CCT	2 1954		2. USUAL	RESIL	DENCE C	OF MOTHER (Wh	re rices mother	· live?)
a. COUNTY	Cany	on	UUI	Vital Status	tics	a. STATE	Ida		b. COUNTY		iyon
b. CITY (If outsid	le corporate li	mite, wri	AND HO	ve township)		c. CITY (II	outside o	orporate ilm	its, write RURAL and gi	ve township)	
OR TOWN Na	ampa.					TOWN		ampa			
c. FULL NAME O HOSPITAL OR INSTITUTION			an Hos		ocation)	d. STREET ADDRESS	3 (		th Ave So.		
3. CHILD'S NA		TIEST TO	dii 1103	DIVAL		 		700 17	our ave 50.		<del></del>
(Type or Prin			Infant.	Johnson							
4. SEX	5a. THIS I		1111 0110	0011110011	5b. IF T	WIN OR TRIPLI	ET (This	ehild born)	6. DATE OF (Mo	nth) (Da	y) (Year)
Male	SINGLE		TWIN .	TRIPLET	1ST	2ND	]	3RD 🔲	STILLBIRTH	ugust -7	
7. FATHER'S NAME		a. (Fir	st)		b. (Midd	le)	_	с. (	Last)	8. COLOR	OR RACE
		Paul			W			John		Whi	
9. AGE (At time of t				te or foreign counts	<b></b> )	11a. USUAL C			<b>!</b>	F BUSINESS	OR INDUSTRY
38 12. MOTHER'S	YEARS	a. (Firs	dvale,	Toguo		Grade S	cnoc				
MAIDEN NAME	. 1	Helen	it)		b. (Midd	le)		-	Last) (ers	13. COLOR	r or race te
14. AGE (At time of t	hie birth)	15. BIRT	HPLACE (Sta	te or foreign count	ry)	16. CHILDRE	N PREVI	OUSLY BO	RN TO THIS MOTHER	(Do NOT in	clude this child)
34	YEARS	Ric	hland,	Oreg <b>o</b> n		a. How man dren are now	y chil-	b. How	many children were to but are now dead?	c. How n	any OTHER
17. INFORMAN	r					1			0	(born dead	l after 20 weeks
		<u></u>				<u> </u>				programa,	Ô
18a. LENGTH OF PENA A WEEKS	NCY	WEIGHT .	OZS.	<sup>19.</sup> Was a sta Approxim	indard late da	serological te 7		or syph	ills performed?	Yes	No
CAUSE OF STIL		20a. FET	AL CAUSES	) R						-	39,6
State only morbid causing fetal death use such terms as	conditions (do NOT			no Ru	<del>~~~</del>	cause					7/10
Prematurity, Asphy	Stillbirth, zia, etc.)	20b. MA	TERNAL CAU	ho ku	~~~	Cann					
21. STATE ANY COM	APLICATION	S OF PRI	GNANCY AN	ID LABOR		22. STATE AL	L OPER	ATIONS FO	OR DELIVERY		
No	me_					h	مرو				
I hereby certif	y that I	23a. AT	TENDANT	T'S SIGNATI	JRE	(Specif	y if M. I	D., midwiń	s, or other)	23b. DATE	SIGNED
attended the birt child who was be	rn dead	<u> </u>	my (	e.We	rel	m V	<u>u.</u> [	<u>&gt;</u>		19-18	1-54
on the date state at 8p.	ed above m.	23°. ATT	endants a	Delako.		If NOT 24 attended by physician	. SIGNA	TURE OF	AUTHORIZED OFFICE	AL	TITLE
25a. BURIAL. CRESTION, REMOVAL (Spe Cremation	MA- 25b.	DATE	12,54	25c. NAME OF C Alsip (			RY	25d. LOC	ATION (City, town, o	r county)	(State) Idaho
PATE REC'D BY LO			SIGNATURE	WTOTh (	wahe.		DIRECT		<u> </u>	DDRESS	Tuailo
	EG.	Vas	Jane	STO		26 FUNDRAL	DIREC	7.Ch	Juonk"		a,Idaho
	, - , -					Alsop	Fune	eraz	hapei	•	



			:						210
PHS-797(VS)		DECE	1 LEED	ision of	Standard Certificat	e)	State File	No	1/2
4-48 FEDERAL SECUR PUBLIC HEALTH SE	RITY AGE	NCRECE	CERTIFIC	ATE	OF STILLBI	RTH	Local Reg		2
		OCT	강 1954 g	State of	Idaho		Reg. Dist.	No3	<i>?</i>
I. PLACE OF S	TILLBIR	lo noinivid	Vital Statistic	8	2. USUAL RESID	DENCE OF MO	OTHER (When	does mother live?	<del></del>
I a COUNTY .	ELMORE					DAHO	b. COUNTY	ELMORE	•
b. CITY (If outsid	e corporate li	mits, write RURAL and	give township)		c. CiTY (If outside o	orporate limits, write	RURAL and give	township)	
TÖWNMOUN	TAIN H	IOME AIR FO	RCE BASE,	IDA.		NTAIN HOM			
c. FULL NAME O HOSPITAL OR INSTITUTION	USAF H	hospital or institution, a	OME AFB,	IDA.	d. STREET ADDRESS 12	(If rural, give it		<del></del>	
3. CHILD'S NA	ME					!		<del></del>	
((Type or Prin		SANDRA		I	YNN	Ll	CEY		
4. SEX	5a. THIS	BIRTH		5b. IF T	WIN OR TRIPLET (This	shild born) 6. DA		th) (Day)	(Year)
FEMALE	SINGLE	X TWIN	TRIPLET	1ST	2ND	3RD   SII	SEI	24	1954
7. FATHER'S NAME		a. (First)		b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
		WILLIAM		FRANC	IS	LUCEY		CAU	
9. AGE (At time of the	hie birth)	10. BIRTHPLACE (	State or foreign sount	uy)	11a. USUAL OCCUPA	TION	11b. KIND OF	BUSINESS OR I	NDUSTRY
2	YEARS	KY. LOU	SVILLE		USAF (AIRM	an)	USAF		
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	,	c. (Last)		13. COLOR OR	RACE
NAME 14. AGE (At time of ti		RGARET		TRENE		BARANKO		CAU	
	_	NEBR. AI	State or foreign count TRIAN	try)	a. How many chil-	b. How many	<del></del>	Do NOT include c. How many	
17. <b>17. 17. 17. 17. 17. 17. 17. 17. 17. 17.</b>	O YEARS	Misone, AL			dren are now living?	born alive but a	re now dead?	children were (born dead after	stillborn
THE P	BAND TO	LUCEY	(FATHER)	1	NONE	NON	TE:	pregnancy)?	, an woods
18a. LENGTH OF PR	₹EG-   18b.	WEIGHT AT BIRTH		ondond	serological test			7	<del> </del>
28 WEEKS	NCY	2 LBS. 1 07S.	Approxin	nate da	serological test i	or sypnins r	eriormed ?		No
CAUSE OF STIL		20a. FETAL CAUSE	5					36	5,2
State only morbid causing fetal death use such terms as	(do NOT	NONE 20b. MATERNAL C	ALIONO					· <del>·</del>	<del></del>
Prematurity, Asphy:	xia, etc.)	PREMATURE	LABOR						
21. STATE ANY COM					22. STATE ALL OPER	ATIONS FOR DEL	IVERY		
PREMATURE	SEPARA		E PLACENT	. A	SPONTANEO	us			
I hereby certif attended the birti		23a ATTENDA	T'S SIGNAT		(Specify if M. I	D. midwife, or otl	oer)	23b. DATE SIGI	
child who was bo	rn dead	SC. ATTENDANT'S	Jun 2		77			24 SEP	
on the date state		MT. HOME			If NOT 24. SIGNA attended by physician	TURE OF AUTHO	RIZED OFFICIA	_	TITLE
25a. BURIAL, CREI TION, REMOVAL (Spe	M A- 25b.	DATE	25c. NAME OF	CEMETERY	OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
BURIAL		29-54	MOUNTAI	N VIE	M I	MOUNTAI	HOME,	IDA.	
DAX REC'D BY LO	CAL REGI	ISTRAR'S SIGNATUR	RE		26. FUNERAL DIRECT	OR	AD	DRESS	
Depx 30.1	954	HV.St	nderon	>	BEY_MORTUAF	RY MT.	HOME, ID	АНО	
		- ,	7		Doma	1 2.7	nº Suil	0	_
	<del></del>								

S. ID. Little 123 Charles Market SEPT THE OF THEFT CONDUCTION The Kind of Business of Busine A STATE OF THE PROPERTY OF THE What because a serious for the sphills we would The section and the second of SAMON TANK TOLL MOTE ME STRATULE OF SUCCOMIZED SPECIAL Contract of the second second CT COLUMN BEAT OF THE M

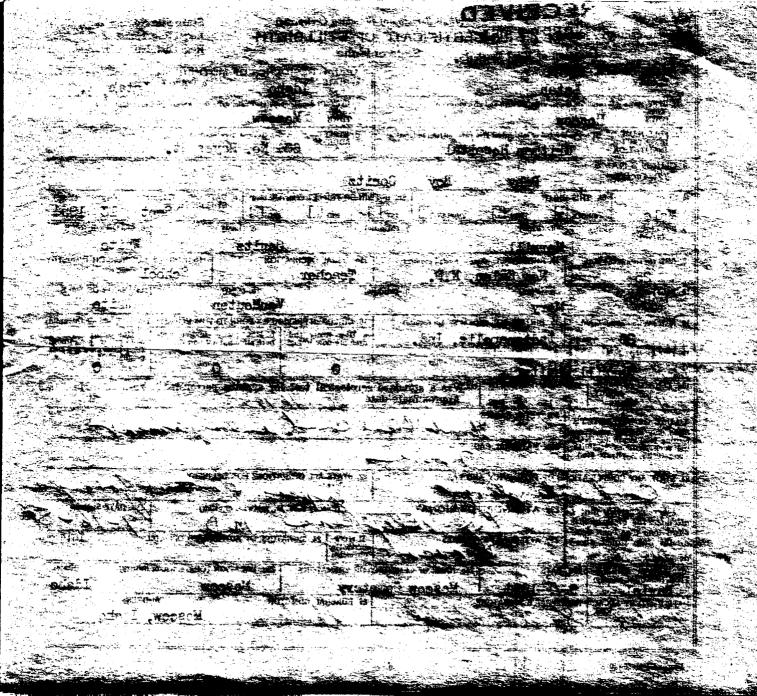
PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE	RITY AGEN	ECEIVE SEP1319	ED9 Rev	ision of	Standard Certificate	e) RTH		. No. 3 6
	N	Thing of Vive	_ ` S	State of	Idaho	***	Reg. Dist.	No. 240
1. PLACE OF S a. COUNTY I	TILLBIR	тн	Statistics		2. USUAL RESID a. STATE IDAH	ENCE OF MO	THER (Where	DARO er live?)
	N EVI	mits, write RURAL and	give township)	1	c. CITY (If outside co OR TOWN	rporate limits, write GRANGEUII		township)
c. FULL NAME O HOSPITAL OR INSTITUTION	GENER.	acepital or institution, s	ive street address or	location)	d. STREET ADDRESS	(If rural, give lo	cation)	
3. CHILD'S NA (Type or Print		Joseph			Mo	HU <b>GH</b>		
4. SEX	5a. THIS I		TRIPLET	5b. IF T	WIN OR TRIPLET (This of	hild born) 6. DAT	I DIOTLI '	th) (Day) (Year) pt. 3, 1954
7. FATHER'S		a. (First)		b. (Midd		c. (Last)		8. COLOR OR RACE
NAME	John		L.		14	o Hu <b>gh</b>		white
9. AGE (At time of the 24	nia birth) YEARS	10. BIRTHPLACE of Fenn, Id.	state or foreign count Bh O	try)	11a. USUAL OCCUPAT serviceman	ION	11b. KIND OF Auto	BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	•	c. (Last)		13. COLOR OR RACE
NAME	Car	<del></del>	Grac <b>e</b>		Ri	88s	_	white
14. AGE (At time of the	is birth)	15. BIRTHPLACE (8		try)	16. CHILDREN PREVIO	USLY BORN TO T	THIS MOTHER (	Do NOT include this child)
21 17. INFORMANT	YEARS	Nampa, I	iaho	<del></del>	a. How many children are now living?	b. How many born alive but as	children were re now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
Jaka	بلا حبر	2 Hugh	_		•	0		pregnancy)?
18a ENGTH OF PR	NCY	WEIGHT A BIRTH LBS. 02S.	<sup>19</sup> .Was a st Approxim	andard nate da	serological test f	or syphilis p	erformed?	Yes No
CAUSE OF STILI State only morbid causing fetal death use such terms as	conditions	20a. FETAL CAUSE  20b. MATERNAL C.	utero -	sev	l days pri	rt del	inny	39,8
Prematurity, Asphy:	ria, etc.)							
21. STATE ANY CON	huatn	es of pregnancy	AND LABOR	254	22. STATE ALL OPERA	ITIONS FOR DELI	IVERY	
I hereby certif attended the birth	h of this	23a ATENDAI	NT'S OTENAT	URE	(Specify if M. D	., midwife, or oth	er)	23b. DATE SIGNED
child who was bo on the date state at		23c. ATTENDANT'S	ADDRESS	14	If NOT 24. SIGNAT attended by physician	URE OF AUTHOR	RIZED OFFICIAL	_ TITLE
25a. BURIAL, CREI		DATE 21.3,1954	25c. NAME OF C		OR CREMATORY	angev.	. •	ounty) (State) Idaho
PATE REC'D BY LO	CAL REGI	STRAR'S SIGNATUR	E Com	ر ,	6. FUNERAL DIRECTO		AD	ngeville, Ida
						<del>, (                                   </del>		

The state of the s 1 O. St. 17 YEAR OR TRUE OF CANADAME D 151 MOTANGO JANS HIL THE AMERICAN STREET OF STREET Service Ser the same was a second and the second second second as the second of water lade to the cast there are the second to the second the adjusting according that the contribe performent Augustian a fine VALUE OF THE PROPERTY AND THE STATE OF A STATE AND COMPANY TO THE THE PARTY AND LESS OF THE PARTY TO A PROPERTY STATES CHADIS A ROLLEY THE STATE OF STREET CONTROL SHOWS A

PHS-797(VS)	ECEIVE	O (1949 Revision of	Standard Contifeed	٠,	<b>64.4.59</b>	No. 151
4-48 FEDERAL SECURITY	ASIMBARA IDEA	CERTIFICATE	OF STILL DIE	() <b>가나</b>	State File Local Reg	110
PUBLIC HEALTH SERVIC	EGET 30 1994	State of	Or Silledir	KIM		No. /2.9
L DI AGE GE STU	ision of Vital Statis	dici State of				•
a. COUNTY Koot		·	2. USUAL RESID	ence of Mo Tho	THER (Where	dose mother live?)
I OR	orate limits, write RURAL and	give township)	c. CITY (If outside of OR	orporate limits, write		
Town Coeu	r d' Alene		TÖWN St	Maries		
	not in hospital or institution, gi		d. STREET ADDRESS	(If rural, give lo		
3. CHILD'S NAME	ke City Gener	ar nospicar	171/	)-S-6th, S	) ( <b>•</b>	
(Type or Print)	BeBorah Kay	Sturman				
_	THIS BIRTH	.5b. IF T	WIN OR THIPLET (This	hild born) 6. DAT	E OF (Mont	h) (Day) (Year)
	IGLE X TWIN	TRIPLET 1ST		3RD   SIIL	<sub></sub> Біктн Sep	t. 14, 1954
7. FATHER'S NAME	a. (First)	b. (Midd	•	c. (Last)		8. COLOR OR RACE
	Edward	Lero	<u> </u>	Sturman		W
9. AGE (At time of this birt		tate or foreign country)	11a. USUAL OCCUPAT	····	11b. KIND OF	BUSINESS OR INDUSTRY
	ars Montan		Store Cle		Groc	eries
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Midd		c. (Last) derman		13. COLOR OR RACE
14. AGE (At time of this birt	therin	Ann tate or foreign country)				<u> </u>
	1 0. 20	:	a. How many chil-			Do NOT include this child) c. How many OTHER
17. INFORMANT	ARS   St. Ma	1 165; Idano	dren are now living?	b. How many born alive but ar	e now dead?	children were stillborn (born dead after 20 weeks
9 5	& Tues		None	None		pregnancy)?
18a. LENGTH OF PREG-	18b. WEIGHT AT BIRTH	1 19 177-0				None
NANCY 29 WEEKS	LBS. OZS.	<sup>19</sup> Was a standard Approximate da	serological test i	or syphilis p	erformed?	Yes No
CAUSE OF STILLBIR						36,3
State only morbid condit causing fetal death (do N use such terms as Stillb	IOT -		<del></del>			·
Prematurity, Asphyxia, et	irth, 20b. MATERNAL CA	Possible		on of f	elacer	rta.
21. STATE ANY COMPLICA	ATIONS OF PREGNANCY A	AND LABOR	22. STATE ALL OPERA	TIONS FOR DELI	VERY	
none.		·	no	ne -		
I hereby certify the attended the birth of t		IT'S SIGNATURE	(Specify if M. I	o., midwife, or oth	er)	23b. DATE SIGNED
child who was born d	ead Will	am 1. No	D. M.D.			9-24-134,
on the date stated ab	ove 23c. ATTENDANT'S	ADDRESS	If NOT 24. SIGNAT attended by physician	TURE OF AUTHOR	NZED OFFICIAL	. TITLE
25a RURIAL CREMA-	25b. DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION	City, town, or	county) (State)
TION, REMOVAL (Specify) Burial	9-16-54	Forest Cemete			' Alene	Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATUR	* Brush)	26. RUNERAL DIRECTO			ne, Idaho
· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,		The state of the s			
	· . · · · · · · · · · · · · · · · · · ·		<u>'</u>			

Sports Table 1900 191 Alderaner Waller Barner Waller Company of the Compa AUTO pres to the same of the s amit frame A STATE OF THE PROPERTY OF THE The state of the state of the state of Contract of the second of the contract of the

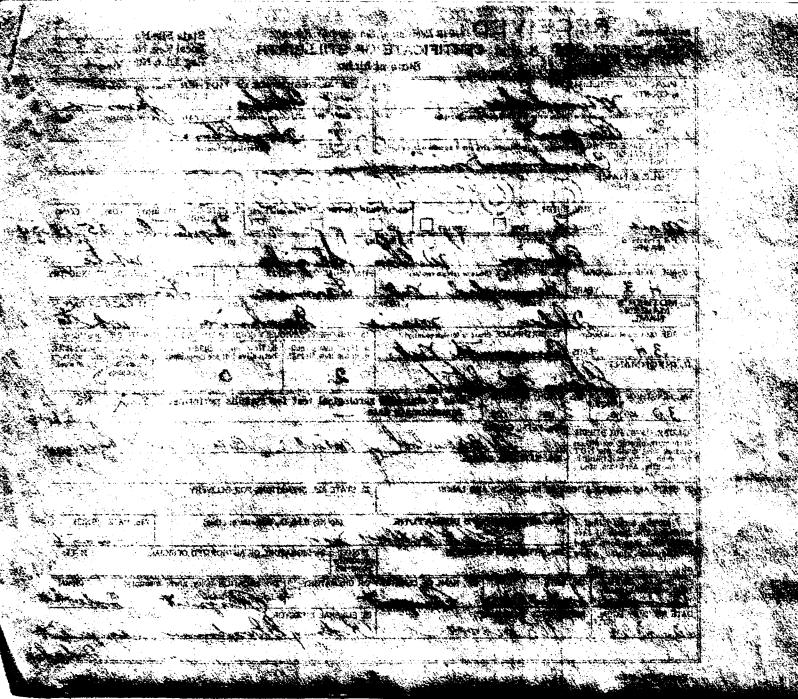
	CEIVED 1949 Re	vision of l	Standard Certificate	)	State File		50
FEDERAL SECURITY AGENCE PUBLIC HEALTH SERVICE DIVISION	P 27 1954CERTIFIC			PTH .	Local Reg. Reg. Dist.		0 <del>/</del>
Division	n of Vital Statistics	State of					
- COUNTY			2. USUAL RESID		6 001111mm		17)
Late	ah		a. STATE Idah	70	b. COUNTY	Latah	
b. CITY (If outside corporate limits	z, write RURAL and give township)		c. CiTY (If outside so OR		RURAL and give	township)	
TOWN MOSCOW	<u> </u>		TOWN MOS	COW			
HOSPITAL OR	epital or institution, give street address or	r location)	d. STREET ADDRESS	(If rural, give lo			
INSTITUTION GT	itman Hospital		634	No. Hay	es St.		
3. CHILD'S NAME	_						
((Type or Print)	Baby Boy	Con	itz				
4. SEX 5a. THIS BIR	RTH	,5b. IF T	WIN OR TRIPLET (This d	hild born) 6. DAT			(Year)
Male SINGLE	TWIN TRIPLET	] <sub>1ST</sub> [	2ND :	SRD SIN	Sep	t 13	1954
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OF	RACE
	errill		(	Conitz		White	
	10. BIRTHPLACE (State or foreign cou	intry)	11a. USUAL OCCUPAT	ION	11b. KIND OF		INDUSTRY
25 YEARS	New Salem, N.D.		Teacher		Schoo	1	
12. MOTHER'S MAIDEN	a. (First)	b. (Midd		c. (Last)		13. COLOR O	
NAME M	lary		7	anHouten	.	White	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign cou	intry)	16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER (	Do NOT inclu	ie this child)
25 YEARS	Indianapolis, Ind		a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How many	y OTHER
17. INFORMANT				50111 12170 5120 1	10 110 11 110111	children wer (born dead aft pregnancy)?	ter 20 weeks
Merrill Co	nitz		Ø	Ð		۵	
18a, LENGTH OF PREG-   18b. W	EIGHT AT BIRTH   19 Was a s	standard	serological test f	or syphilis n	erformed?	Yes.	No
HO WEEKS 8		imate da		1953		Ś	610
CAUSE OF STILLBIRTH 2	20a. FETAL CAUSES	.0.	100				
State only morbid conditions	Und	luca	1 cond	endo	ylem	man /	-
	DD. MATERNAL CAUSES			•	0		-
Prematurity, Asphyxia, etc.)	hon	س	-				
21. STATE ANY COMPLICATIONS	OF PREGNANCY AND LABOR		22. STATE ALL OPER	ATIONS FOR DEL	IVERY	. 1	
Conden	tanglement		Free	FO	witter	you	capa
I hereby certify that I   2	34. ATTENDANT'S SIGNA	TURE	Specify if M. I	., midwife, or oth	ber)	236. DATE SI	GNED
attended the birth of this		Lles	skene	14. I	<b>)</b> . (	19-1	6-39
child who was born dead   on the date stated above   2	23c. ATTENDANT'S ODRESS		If NOT   24. SIGNA	TURE OF AUTHO	RIZED OFFICIA	L	TITLE
at 9.45 P. m.	Wosa	ano-	attended by physician				
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	ATE 25c. NAME OF	F CEMETERY	Y OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
Burial 9-/	/8-1954 Mosco	w Ceme	etery	Mosco	₩		Idaho
	TRAR'S SIGNATURE		26. FUNERAL DIRECT			DRESS	<del></del>
9/22/54 REG.	( Inau		1 knill	Tac	Moscow,	Idaho	
Hn ~ 1 (1) (1)	and a constant	<del></del>	· A fumilia	· ACC			
	ν		,				



PHS-797(VS)	RE	CEIVE	(1949 Revision of	Standard Certificat	e)	State File		00
FEDERAL SECURIT PUBLIC HEALTH SERV	Vice Ut	er 8 1954	CERTIFICATE	OF STILLBI	RTH	Local Reg Reg. Dist.	. No	5 <i>8</i> 3 <i>0</i>
1. PLACE OF ST	Pivisio	a of Vital Stati	ation Division					
a. COUNTY Mac				2. USUAL RESID	ence of Mo daho	DTHER (When b. COUNTY	does mother live! Madison	n
b. CITY (If outside of OR	orporate lin	nits, write RURAL and	give township)	c. CITY (If outside o		RURAL and give	township)	
TOWN Rex	burg		•	II UK	xburg	-		
c. FULL NAME OF A HOSPITAL OR INSTITUTION M	adisc	on Memorial	ve atreet address or location) . Hospital	d. STREET ADDRESS	(If rural, give lo	- · ·		
3. CHILD'S NAMI ((Type or Print)	E							
4. SEX 58	a. THIS E	BIRTH	.5b. 1F 7	WIN OR TRIPLET (This	shild born) 6. DAT		th) (Day)	(Year)
Female	SINGLE	TWIN 🗌	TRIPLET 1ST	ZND	3RD STI	LLBIRTH So	ptember	
7. FATHER'S NAME		a. (First)	b. (Mide		c. (Last)		8. COLOR OR	
NAME		Fred	ת		China and ann	7		
9. AGE (At time of this i	birth)		tate or foreign country)	11a. USUAL OCCUPAT	Shirley		BUSINESS OR	
36	YEARS	Rexburg	Idaho			i		
12. MOTHER'S		a. (First)	b. (Midd	Surveyor	c. (Last)	State	Highway	Dept.
MAIDEN NAME		Bernice	**	•			_	MACE
14. AGE (At time of this t	birth)		tate or foreign country)	16. CHILDREN PREVIO	Weber	TUIS MOTHED /	Cauc.	- Abd b # 3
26	YEARS	Idaho Fa		a. How many chil- dren are now living?				
17. INFORMANT			lls, Idaho	dren are now living?	b. How many born alive but a	re now dead?	c. How many children were (born dead after	stillborn
Bernice W.		rley	Mother	ı	0		pregnancy)?	L M WOOLS
18a. LENGTH OF PREG NANCY 28 WEEKS	Y   _	WEIGHT AT BIRTH LBS. 8 OZS.	<sup>19</sup> Was a standard Approximate da	serological test to te May, 1954	or syphilis p	erformed?	Yes. X	No
CAUSE OF STILLE		20a. FETAL CAUSES						110
State only morbid con causing fetal death (do use such terms as Stil	ditions	Unk <b>mow</b> n.	<ul> <li>Fetal Death</li> </ul>	occurred a	pproximat	elv 5 w	eeks pri	or to
use such terms as Stil Prematurity, Asphyxia,	libirth,	20b. MATERNAL CA	USES				deli	
romaturity, Aspuyala,		Unknown						·
1. STATE ANY COMPL	ICATION:	S OF PREGNANCY A	IND LABOR	22. STATE ALL OPERA	ATIONS FOR DEL	IVERY		-
None				None				
I hereby certify t	hat I	23a. ATTENDAN	T'S SIGNATURE		)., midwife, or oth	er)	23b. DATE SIG	NED
attended the birth o child who was born		Bland	Maxue	10	,		9/18/54	
on the date stated	above	23c. ATTENDANT'S	ADDRESS	II NOT   24, SIGNAT	TURE OF AUTHOR	RIZED OFFICIAL		TITLE
<sub>st</sub> 6:10 a.	- 1.	Rexburg. I	daho	attended by physician		OITION	-	e e I India
5a. BURIAL, CREMA- TION, REMOVAL (Specify			25c. NAME OF CEMETERY		25d. LOCATION	(City, town, or	oounty)	(State)
Cremation	/و_ا'	18/54	Madison Memor		Rexburg			
DATE REC'D BY LOCAL		TRAR'S SIGNATURE		26. FUNERAL DIRECTO			DRESS	
9-20-54	10	teona	Flame	Property .	A Kan	· sht	Mar	here -
	7			- marine	· yes	it will	- Jane	Still.
			<u>.</u> .	•		-		-01 300

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	DECE	WED	ווק	154
	PHS-797(VS)	VED (1949 Revision o	f Standard Certificate)	State File No
	FEDERAL SECURITY AGENCY 8	3.354 CERTIFICATE	OF STILLBIRTH	Local Reg. No. 53
	Division of Vi		of Idaho	Reg. Dist. No. 4.57
	1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF	MOTHER (Where does mother live?)
	a. COUNTY Manual	ohe	a. STATE	b. COUNTY
	I OR	RURAL and give township)	C. CITY (If outside corporate limits, w	rite RURAL and give township)
	TOWN Olupan	7·	TOWN Harel	lon
	c. FULL NAME OF (If my hospital or HOSPITAL OR INSTITUTION	institution, give street address or location)	d. STREET ADDRESS	e location)
	3. CHILD'S NAME ((Type or Print)	7		
	4. SEX 5a. THIS BIRTH		TWIN OR TRIPLET (This child born) 6.	DATE OF (Month) (Day) (Year
	7. FATHER'S a. (Fin	TWIN TRIPLET IST  rst) b. (Mi	ddlo) 3RD 1	Suplember 25-19
	NAME Edw	in Welli	J	8. COLOR OR RACE
	1 9 11	THPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUST
	12. MOTHER'S MAIDEN NAME	b. (Mi	· 01 0	13. COLOR OR RACE
	14. AGE (At time of this birth) 15. BIR	THPLACE (State or foreign country)		O THIS MOTHER (Do NOT include this chi
	34 YEARS CAN	sworth net.	a. How many chil- b. How man	v children were   c. How many OTHE
	17. INFORMANT	n St.	2.	t are now dead? children were stillbor (born dead after 20 weel prognancy)
	18a. LENGTH OF PREGNANCY 30 WEEKS. 18b. WEIGHT	AT BIRTH 19 Was a standard OZS. Approximate d	d serological test for syphilis	performed? Yes. X No
y*	CAUSE OF STILLBIRTH   20a. FE	TAL CAUSES .	7 2 2	
٠.	State only morbid conditions	Macuold	L'octus . Co	und need breau
	causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	ATERNAL CAUSES	g	7.
	21. STATE ANY COMPLICATIONS OF PR	EGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR D	ELIVERY
	I hereby certify that I 23a. AT attended the birth of this	TENDANT'S SIGNATURE	(Specify if M. D., midwife, or	other) 23b. DATE SIGNED
	child who was born dead	Cumuli	m )n 1	10-2-5
1.	at m.	TENDANT'S ADDRESS	If NOT attended by physician 24. SIGNATURE OF AUTI-	ORIZED OFFICIAL TITLE
<i>,</i> ,	Z5a. BURIAL, CREMA- TION, REMOVAL (Specify)	25c. NAME OF CEMETE	RY OR CREMATORY 25d. LOCATIO	N (City, town, or county) (State)
	DATE REC'D BY LOCAL   REGISTRAR'S		26. EUNERAL DIRECTOR	ADDRESS
"	10-2-59 GO	linore	(Hodowy & Box	Carried -



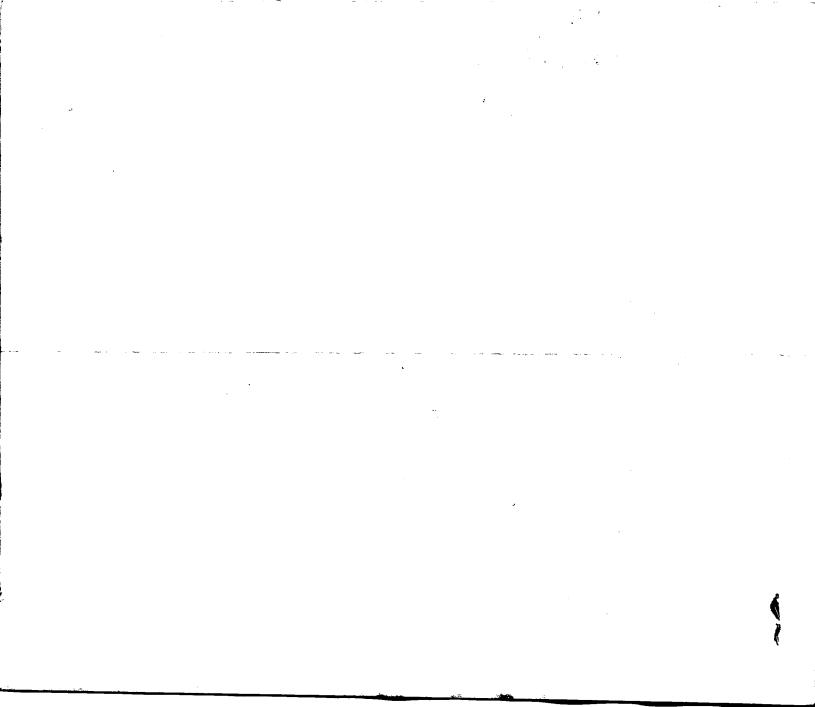
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PHS-797(VS)  4-48 FEDERAL SECURITY AGENCE P 23 1954 ERTIFICATE OF STILLBIRTH PUBLIC HEALTH SERVICE OF STILLBIRTH  1. PLACE OF STILLBIRTH  2. USUAL RESIDENCE OF MOTHER (Where does mother light)  3. STATE  4. SEX  5. THIS BIRTH  5. IT WIN OR TRIPLET (This shild born)  5. IT WIN OR TRIPLET (This shild born)  5. IT WIN OR TRIPLET (This shild born)  6. DATE OF (Month) (Day) (Year)  5. INGLE TWIN OR TRIPLET (This shild born)  6. DATE OF (Month) (Day) (Year)  5. IMIGIE TWIN OR TRIPLET (This shild born)  6. CLAST)  6. CLAST)  8. COLOR OR BACE  8. COLOR OR BACE  8. COLOR OR BACE
1. PLACE OF STILLBIRTH  a. COUNTY  b. CITY (If outside approvate limits, write RURAL and give township)  C. FULL NAME OF (If nowin hospitalor institution, give stroet address or location)  HOSPITAL OR INSTITUTION  3. CHILD'S NAME  (If Type or Print)  4. SEX  5a. THIS BIRTH  5b. IF TWIN OR TRIPLET (This child born)  5c. (Legt)  5c. (Legt)  6. DATE OF (Month) (Day) (Year)  5. CHILD'S NAME  (If Type or Print)  7. FATHER'S  6. DATE OF (Month) (Day) (Year)  6. DATE OF (Month) (Day) (Year)  6. DATE OF (Month) (Day) (Year)  6. DATE OF (Month) (Day) (Year)  6. DATE OF (Month) (Day) (Year)  6. DATE OF (Month) (Day) (Year)  6. DATE OF (Month) (Day) (Year)  7. FATHER'S  8. (First)  8. (First)
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TOWN  C. FULL NAME OF (If ports hospital or institution, give street address or location)  C. FULL NAME OF (If ports hospital or institution, give street address or location)  G. STREET (If rural, give location)  J. CHILD'S NAME  ((Type or Print)  J. Sa. THIS BIRTH  J. Sb. IF TWIN OR TRIPLET (This child born)  SINGLE TWIN TRIPLET SINGLE  TOWN  C. FOOKS  (A SEX SINGLE TWIN TRIPLET SINGLE TWIN SINGLE TWIN OR TRIPLET SINGLE TWIN OR TRIPLET SINGLE TWIN OR TRIPLET SINGLE SINGLE TWIN SINGLE SINGLE TWIN SINGLE SING
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HOSPITAL OR INSTITUTION  3. CHILD'S NAME (Type or Print)  4. SEX   5a. THIS BIRTH   5b. IF TWIN OR TRIPLET (This child born)   6. DATE OF (Month) (Day) (Year)    7. FATHER'S   2a. (First)   b. (Middle)   c. (Lest)   l. COLOR OR DACE
3. CHILD'S NAME ((Type or Print)  4. SEX Single Twin Triplet  1. St. IF TWIN OR TRIPLET  1. ST. IF TWI
4. SEX   5a. THIS BIRTH   5b. IF TWIN OR TRIPLET (This shild born)   6. DATE OF (Month) (Day) (Year)   5. STILLBIRTH   6. DATE OF (Month) (Day) (Year)   7. FATHER'S   6. STILLBIRTH   6. STIL
4. SEX Single Twin Triplet 1st 2nd 3RD 6. DATE OF (Month) (Day) (Year)  7. FATHER'S 8. (First) b. (Middle) 6. (Left) 6. C. (Left) 6. C. (Left) 7. C.
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male SINGLE X TWIN TRIPLET IST 2ND 3RD STILLBIRTH 9 4 54  7. FATHER'S 8. (First) b. (Middle) C. (Lett) 18 COLOR OR PACE
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7. FATHER'S a. (First) b. (Middle) c. (Last) 8. COLOR OR BACE
Starmond Crooks White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
19 Miles of Bosiness on Mossiki
years suppor, Wern.
12. MOTHER'S MAIDEN  D. (Middle)  C. (Last)  13. COLOR OR RACE
NAME goan Campbell White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLA BORN TO THIS MOTHER (Do NOT include this child)
2 6 YEARS Reed Port Ore a. How many children were c. How many OTHER
dren are now living?   born alive but are now dead?   children were stillborn
(born dead after 20 weeks pregnancy)?
The month of the section of
18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes
NANCY WAS A STANDARY SERVING TEST FOR SYPHING PERFORMED? YES
The ETTAL CAUSES
OAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES
Prematurity, Aspulyins, etc.)
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OF RATIONS FOR DELIVERY
Z. SINIZ AZ OF ON SZETYZKI
I hereby certify that I 23a ATTENDANT'S SIGNATURE (Specify if M. D. and Life, or other) 23b. DATE SIGNED
attended the birth of this child who was born dead
on the date stated above 23c. ATTENDANT'S ADDRESS II NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
attended by
atm.   physician
25a. BURIAL, CREM A- 25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (State)
Russial All 194 Marmel Hell Dewister Idaho
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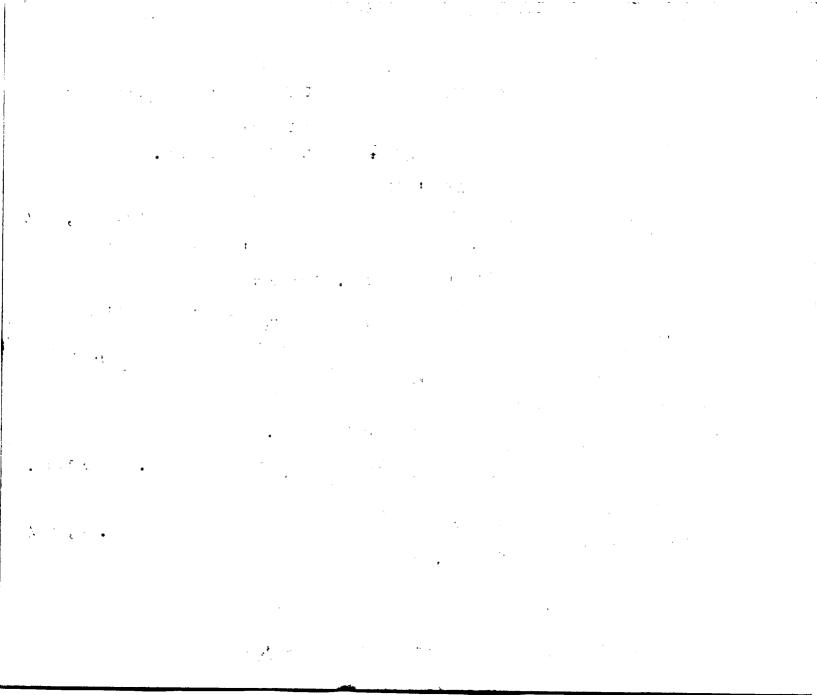
PHS-797(VS) OCT 1 1 1954 (1949 Revision of FEDERAL SECURITY AGENCY CERTIFICATE PUBLIC HEALTH SERJEPTSION of Vital Statistics State of		TH Local F	Reg. No. 2
1. PLACE OF STILLBIRTH a. COUNTY  D. V. H. C.  b. CITY (If outside comparate limits, write RURAL and give township)  OR	a. STATE C. CITY (If outside co	ENCE OF MOTHER (W. b. COUNT prorate limits, write RURAL and	"Guadale Jara
c. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION  3. CHILD'S NAME	d. STREET ADDRESS	(If rural, give location)	
4. SEX   5a. THIS BIRTH   5b. IF T   SINGLE   TWIN   TRIPLET   1ST	WIN OR TRIPLET (This of	alid born) 6. DATE OF (N	Month) (Day) (Year)
7. FATHER'S a. (First) b. (Midd NAME Venue Cio	3.4	c. (Last)	8. COLOR OR RACE
9. AGE (At time of this birth)  2   YEARS   10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	ION 11b. KIND	OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME  14. AGE (At time of this birth)  15. BIRTHPLACE (State or foreign country)	m	c. (Last)	13. COLOR OR RACE MCXIOAN
24 YEARS MEXICO	a. How many children are now living?	b. How many children we born alive but are now dead	ere   c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
4 3 WEEKS 6 LBST - OZS. Approximate da	serological test fo	or syphilis performed	1? Yes No.
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20a. FETAL CAUSES  Ca Put -Soft - Video Maternal Causes	t fu)7 y a	levelope	d. 39,5
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  NOME 1	22. STATE ALL OPERA	TIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above 23c. ATTENDANT'S ADDRESS A	If NOT   24. SIGNAT	midwife, or other)  URE OF AUTHORIZED OFFI	23b. DATE SIGNED 23 Sept 57
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	attended by physician  OR CREMATORY	25d. LOCATION (City, town	, or county) (State)
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE  10-1-5 REG. Camus Mulmman	26. FUNERAL DIRECTO	DR .	ADDRESS
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4-48 OOT 0 10-1	Standard Certificat		
FEDERAL SECURITY WENCY 8 1954 CERTIFICATE PUBLIC HEALTH SERVICE DIVISION OF VITAL Statistics State of			8. No. 44 a
Division of Vital Statistics Side of			
1. PLACE OF STILLBIRTH a. COUNTY	a. STATE	DENCE OF MOTHER (WE	Jwin 7alls
b. CITY (If outside corporate limits, write RURAL and give township)		orporate limits, write RURAL and gi	
TOWN TALLS TO A	TOWN 1	distant P - 1/	ve township)
c. FULL NAME OF (If not in hospital or institution, give street address or location)	d. STREET	(If rural, give location)	
HOSPITAL OR Magici) alley Memoria	ADDRESS	30 Kuml	heilh Road
3. CHILD'S NAME ((Type or Print)	T. h.	Thank	`
4. SEX 5a. THIS BIRTH 5b. IF	TWIN OR TRIPLET (This	shild born) 6. DATE (Mo	onth) (Day) (Year)
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17. INFORMANT Posemprie Ingram	dren are now living?	born alive but are now dead?	children were stillborn (born dead after 20 weeks
Mother	1	0	pregnacy)?
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CAUSE OF STILLBIRTH   20a. FETAL CAUSES			29
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consing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	Ture	1.1	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(8perty if M.	, midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	C. XU		
on the date stated above 23c. ATTENDANT'S ADDRESS	lattended by	TURE OF AUTHORIZED OFFICE	AL TITLE
	physician	25d. LOCATION (City, town,	or county) (State)
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER TION, REMOVAL (Broadty) September 7/1951 Magic Palla		Las Tarin E	ils Ideho
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT	OR /	ADDRESS
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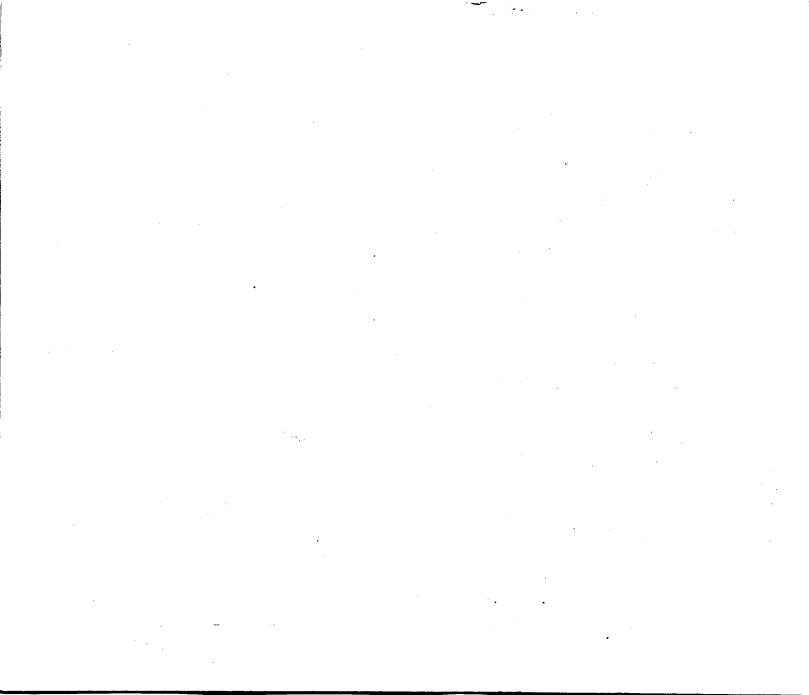
1. PLACE OF ST a. COUNTY	TILLBIR	тн Twin ]	Falls	a. STATE Idah		b. COUNTY	Twin Fa
l OR	corporate lin	nite, write RURAL and		c. CITY (If outside of OR		RURAL and give	e township)
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HOSPITAL OR INSTITUTION	Magic	Valley Mem	orial Hospit		Blue Lake	•	
3. CHILD'S NAI (Type or Print)		Baby	Girl O'Hall	oran			
4. SEX Female	5a. THIS E		TRIPLET 155. 1	F TWIN OR TRIPLET (This	shild born) 6. DA'	TE OF (Mon LLBIRTH Set	th) (Day) ptember
7. FATHER'S NAME		a. (First)	b. (M		c. (Last)		8. COLOR OR
NAME		Har	гу		O'Hall	oran	White
9. AGE (At time of th	is birth) YEARS	10. BIRTHPLACE (St.	ate or foreign country)	11a. USUAL OCCUPATION Mag. Times		11b. KIND OF	F BUSINESS OR
12. MOTHER'S MAIDEN		a. (First)	b. (M	(iddle)	c. (Last)		13. COLOR O
NAME			Ann		Wazn		White
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44 17. INFORMANT	YEARS		daho	a. How many children are now living?	b. How many born alive but s	children were re now dead?	c. How many children wer (born dead aft pregnancy)?
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21. STATE ANY COM	APLICATION	S OF PREGNANCY	IND LABOR	22. STATE ALL OPER	ATIONS FOR DE	LIVERY	
None	Э			N	one		
I hereby certif		23a. ATENDAN	IT'S SIGNATURE	(Specify if M.	D., midwite, or ot	her)	23b. DATE SI
attended the birth	orn dead		·				Sept.
on the date state	ed above m.	23c. ATTENDANT'S Twin I	alls,Idaho	attended by physician	ATURE OF AUTHO		
25a. BURIAL, CREI TION, REMOVAL (Spe	MA-25b.	DATE	25c. NAME OF CEMET	ERY OR CREMATORY	25d. LOCATION	(City, town, or	r county)
DATE REC'D BY LO	CAL   REG	ISTRAR'S SIGNATUR	F	26. FUNERAL DIRECT	TOR	A	DDRESS



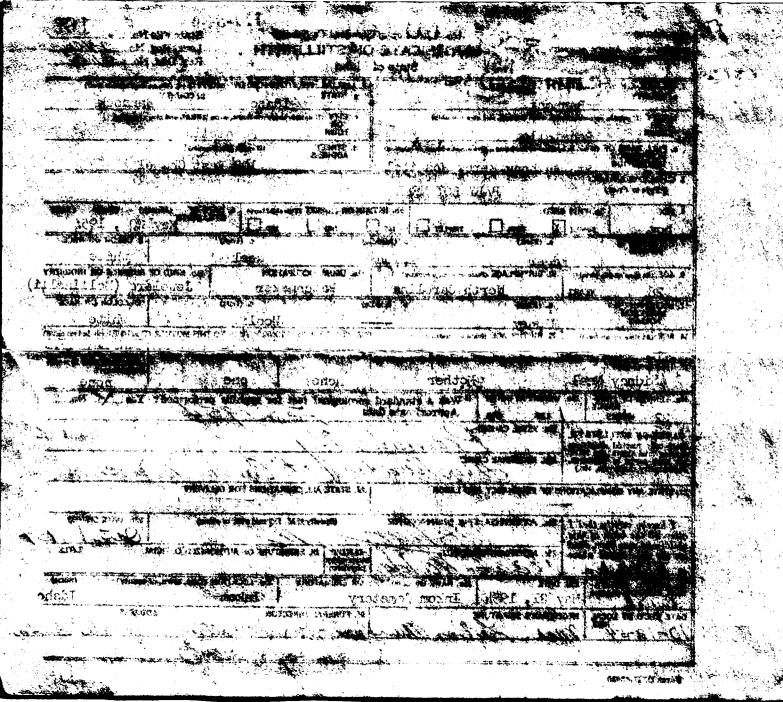
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PHS-797(VS)			(1949 Revi	sion of	Standard Certificate	)	State File	No.	UU
4-48 FEDERAL SECUF	RITY AGEN	NCY DECE			OF STILLBIR		Local Reg.	No 387	
PUBLIC HEALTH SI	EŖVICE	ILCE		tate of			Reg. Dist.	No. 370	
		OCT 3	<b>0</b> 1954 <b>3</b>	IGIO OI					
1. PLACE OF S a. COUNTY	Ada Ada	Division of	Vital Statisti	C#	2. USUAL RESID	ence of Mo aho	b. COUNTY	Ada Ada	
b. CITY (If outside	ie corporate li	mits, write RURAL and g	ive township)		c. CiTY (If outside eo		RURAL and give	township)	
TOWN	Boise	·			TOWN Boi				
c. FULL NAME OF HOSPITAL OR INSTITUTION	a T	hospital or institution, give Lukes Ho		ocation)	d. STREET ADDRESS 20	14 E 39		eet	
3. CHILD'S NA ((Type or Prin		CATHY	PERRY						
4. SEX	5a. THIS	BIRTH		5b. IF T	WIN OR TRIPLET (This c	hild born) 6. DAT	E OF (Mon	th) (Day)	(Year)
Female	SINGLE	X TWIN	TRIPLET	1ST	2ND	STI	LEBIRTH OC	t.5.195l	L
7. FATHER'S	, JINGLE	a. (First)	. 1101 8004 1	b. (Midd	I	c. (Last)		8. COLOR OR R	
NAME		~ ,		•	ırlin	Perry	<b>.</b>	Whit	-
9. AGE (At time of	this himbly	GOTGO 10. BIRTHPLACE (84)	ate or foreign enemi		11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS OR IN	
3. AGE (As time or		1	_	,	1				
30 12 MATHER'S	YEARS	Grove Okl	ahoma	b. (Midd	<u>  Carpenter</u>	c. (Last)	<u> </u>	13. COLOR OR F	RACE
12. MOTHER'S MAIDEN NAME		_		D. (1.2104	,	Revel	a	Whit	t.e
14. AGE (At time of		Levora   15. BIRTHPLACE (84			16. CHILDREN PREVIO				<del></del>
1	•	1			a. How many chil-	b. How many born alive but a		c. How many C	THER
3/1 17. INFORMAN	YEARS	Commerce.	0klahc	ица.	dren are now living?	born alive but a	re now dead?	children were a (born dead after	stillborn Weeks
	. 1 1	1410	11111		6	None		pregnancy)?	
18a. LENGTH OF P	DEG. VISh	WEIGHT AT BIRTH	19 777		serological test			YesN	<del></del>
Temweek	ANCY	LBS. 7 OZS.	Approxin			or sypams p	eriorined:		
CAUSE OF STII		20a. FETAL CAUSES				,		36	10
State only morbid	conditions								
causing fetal death use such terms as Prematurity, Asph	Stillbirth, yxia, etc.)	20b. MATERNAL CA	uses sed/um	lid	ica Car	d'_			
21 STATE ANY CO	MPLICATIO	NS OF PREGNANCY A	ND LABOR		22. STATE ALL OPER	ATIONS FOR DEL	IVERY	1 11	
Fastens	in s	resistes	<u>h</u>		percala	They of	+acc	p dell	all
I hereby certi	fy that	23a. ATTENDAN	T'S SIGNAT	UPE)	(Specify if M. 1	D., midwife, or ot	her)	23b. DATE SIGN	ED •
attended the bir	th of this	1///		811	uell .	MIN		10-11-5	1
on the date sta	ted above	23c. ATTENDANT'S	ADDRESS	11	IV NOT 24. SIGNA	TURE OF AUTHO	RIZED OFFICIA	L T	TITLE
at	m.	42110		Alm	physician				
25a. BURIAL, CRI	EM A-   256	VAL			Y OR CREMATORY	25d. LOCATION			(State)
TION REMOVAL (8) Burial	Decara,	10/6/54	Clove	rdale	Memorial	Park		Idaho	
DATE REC'D BY L	OCAL REC	SISTRAR'S SIGNATUR	£ /).		26. FUNERAL DIRECT	91		DDRESS	
10-27.54	REG.	neatle	Talme	v_	111111111111111111111111111111111111111	INTERNATION TO THE	HOME I	Boise, I	daho
		7			- POLICE I	OMERICAN	TOBILL		
		-		- 27.5		<del></del>			
Form DPH-4802	:0								

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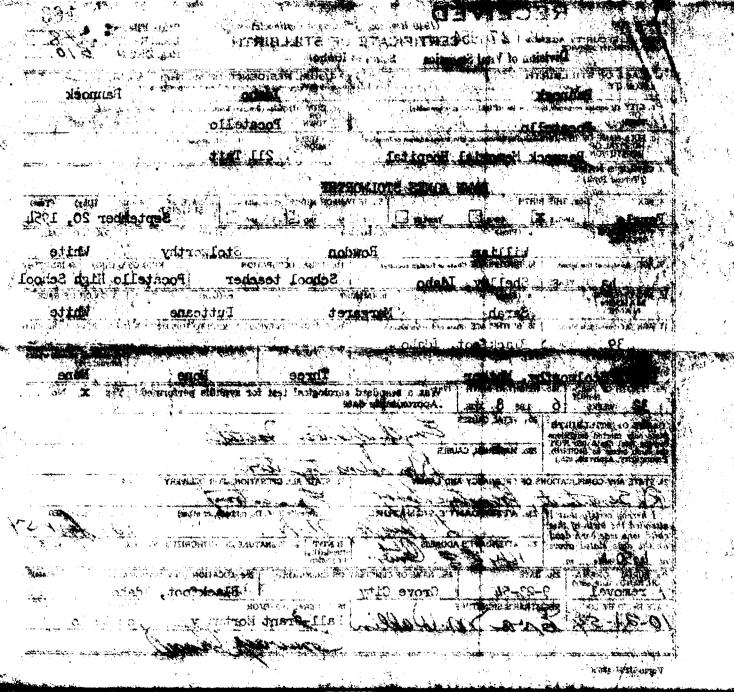
PHS-797(VS) 4-48 FEDERAL SECUE	<u>,                                 </u>	J111954	(1949 Revi	ision of	Standard Cert	lificate)		State File Local Reg.	110	161
PUBLIC HEALTH SE	Divisio	n of Vital Statis	tice g	itate of		-DIKIR		Reg. Dist.	No. 3 70	j
1. PLACE OF S a. COUNTY	TILLBIR Ada	ТН			2. USUAL R a. STATE	ESIDENCE Idaho	OF MO	THER (Where	Owyhee	
OR		mite, write RURAL and	rive township)		i OR	atside corporate li		RURAL and give	township)	
<del></del>	oise	Idaho				randviev				
HOSPITAL OR INSTITUTION		Alphonsus .		ocation)	d. STREET ADDRESS	(If ru	ral, give loc	ation)		
3. CHILD'S NA ((Type or Print	t)	nfant Burg	hardt							
4. SEX	5a. THIS			5b. IF T	WIN OR TRIPLET	(This child born)	6. DATI	OF (Mont	h) (Day	) (Year)
Female	SINGLE	TWIN .	TRIPLET	1ST	ZND 🗆	3RD 🗌	Oct.	Lвіртн (Мол. 7th	19	954
7. FATHER'S		a. (First)		b. (Midd	le)	c.	(Last)		8. COLOR	OR RACE
NAME Tilliam	Ţ	"illiam		s.		Burgha	erdt		™hit∈	•
9. AGE (At time of ti	his birth)	10. BIRTHPLACE (St	ate or foreign count	<b>23</b> )	11a. USUAL OC	CUPATION		11b. KIND OF	BUSINESS (	OR INDUSTRY
33 <sup>1</sup> ears	YEARS	Mora Id	aho		Stock Grower.   Cattle In					stry
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	le)	c.	(Last)		13. COLOR	OR RACE
NAME	E	Llen		V.		Gt	ıest		Whit	e
14. AGE (At time of t	his birth)	15. BIRTHPLACE (8)	ate or foreign count	ay)		PREVIOUSLY B	ORN TO T	HIS MOTHER (	Do NOT inc	lude this child)
29	YEARS	Atlanta G	eorgia		a. How many dren are now li	chil- b. How	many c	hildren were now dead?	c. How ma	any OTHER
B. INFORMAN	). R. T	Burgha	tton		3		0		(born dead pregnancy)	vere stillborn after 20 weeks
18a. LENGTH OF PA NA WEEKS	NCY	LBS. OZS.	19 Was a st Approxin	andard nate da	serological 1	test for syp	hilis pe	rformed?	Yes	No
CAUSE OF STIL	conditions	Torn u	umbilia	al	Cord.				3	510
causing fetal death use such terms as Prematurity, Asphy	Stillbirth, xia, etc.)	206. MATERNAL CA	uses Known	1						
21. STATE ANY CO	MPLICATION	IS OF PREGNANCY A	ND LABOR		22. STATE ALL	OPERATIONS I	FOR DELI	VERY		
I hereby certif		23a. ATTENDAN	T'S SIGNAT	URE .	(Specify	if M. D., midw	ife, or othe	E)	23b. DATE	SIGNED
child who was be	orn dead	23c. ATTENDANT'S	ADDRESS	Jan	HNOT 24	SIGNATURE OF	ALEUOD	ITED OFFICIAL		TITLE
on the date state	m.	Brise	Ilaho		attended by physician	SIGNATURE OF	AUTHOR	IZED OFFICIAL		1111.E
25a. BURIAL, CRE TION, REMOVAL (8px	MA- 25b.	DATE	25c. NAME OF	CEMETER	OR CREMATOR			City, town, or	county)	(State)
Burial	<u> </u>			view		(	randy		daho	
DATE REC'D BY LC	CAL REG	STRAR'S SIGNATUR	111		26. FUNERAL D		- ·		DRESS	T
10-9-54		Mexite -	Talme	<u> </u>	Schrei	ber-McCa	ınn-Gi	bson.	Boise	<u> </u>
•					V	(1)	(Y)			
				7,7 . 4			1 1			



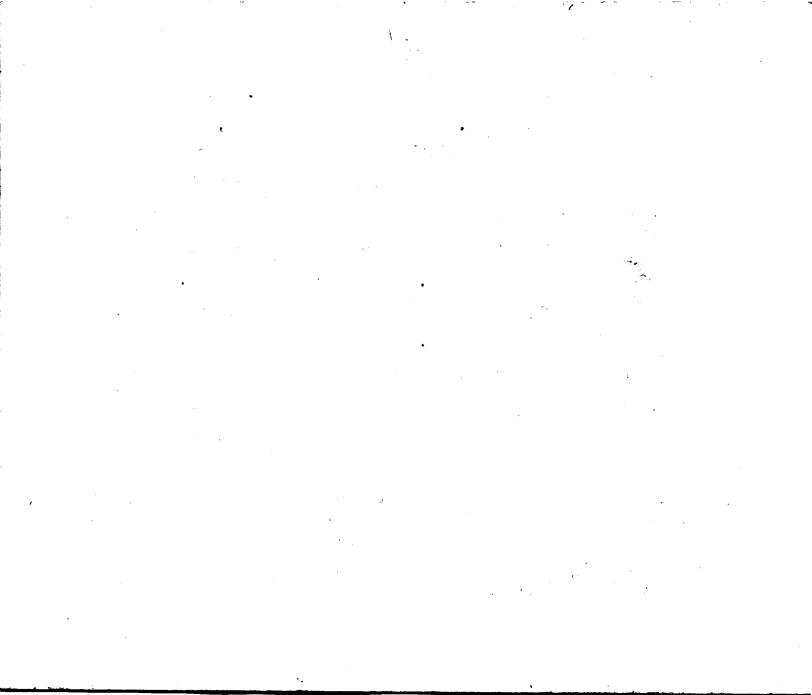
" HS-797(VE)		_	- WAFE		Standard Clubicate	<u>,</u> 111-5	4-0 State File	16	2
48 EDERAL SECUI DELIC HEALTH S	RITY AGEI EEVIGE	REC NOV	CERTHIC	ATE (	Standard Certificate OF STILLBIF Idaho	YTH	Local Reg	No. 240 No. 510	
PLACE OF S		TH Division	L Cantall		2. USUAL, RESID		A COUNTY	des setter fivet) Bannock	
b. CITY (II outs!		mock	give township)		c. CITY (If outside or				
TOWN		tello			OR TOWN	Pocat	cello		
e. FULL NAME OF	OF Of set in 1	An dis anne Ma	lve street address or l	estica)	d. STREET ADDRESS	(If rund, give		_	
CHILD'S NA		Anthony Me	rcy Hospi	tal		108 F	ast Chape	9]	-
Type or Prin		BA	BY BOY NEI	EL					
SEX	5a. THIS			.5b. IF T	WIN OR TRIPLET (This	Affiliana) 6. D	ATE OF CHOICE	th) (Dey) (Ye	<b>(EX</b>
paa	SMOLE		TREPLET .	157	J 2000	<b>200</b>	May	20 , 1954	
PATHER'S NAME		a. (First)	A	b. (Midd	<b>ie</b> )	e. (Lest) Neel		white	•
AGE (A) time of		dgar I 10. BIRTHPLACE of		llen	11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS OR INDUS	STRY
28	YEARS		th Caroli	na	Watchma	_	Jewele	ers (Molline	e11:
MOTHER'S MAIDEN	· · · · · · · · · · · · · · · · · · ·	a. (First)		b. (Midd	-	c. (Lest)		13. COLDR OR RAC	
NAME	·	Sidney				Woolf		white	
AGE (As sime of s		IS. BIRTHPLACE O	State or foreign count	ey)	a. How many chil- don are new living?		y children were are now dent?	Do NOT include this e	
INFORMAN	YEARS	<del></del>	Idaho		does are new living?	born alive but	are now dead?	(Seen dead other 20 w prespensy)?	
Sidney	Neel		Mother		none	one		none	
LENGTH OF P		WEIGHT AT BIRTH	19.Was a st Appresin		perological test	for syphilic	performed?	YesNo_	
AUSE OF STIL	LIBIRTH	20s. FETAL CAUSE			/ 0/			34	
the only morbid using fotal death such torus or meturity, Asphy	(de NOT	MA MATERNAL C	ren	ate	my				
meturity, Asph	yzia, etc.)	MO. MATERIAL C	Tuple	car	wish of	Peru	ix S	Uterus	
STATE ANY CO	MPLICATIO	NS OF PREGNANCY	AND LABOR		22. STATE ALL OPER	ATIONS FOR D	ELIVERY		
									·
I hereby certi lended the bir	ify that I	23s. ATTENDA	NTYS SLONAT	ORE	(Speaky H M.)	D¢ miéwih, or o	other)	Oct.	104
ild who was l the date sta	horn deed	23c, AFTENDANT	MODRESS	1	II NOT 24. SIGN	TURE OF AUTH	ORIZED OFFICIA		E E
5:40	A.m.	108a4	4 //c. 1	la,	attended by physiolen				
BURIAL CRI		DATE			Y OR CREMATORY	1	M (City, town, or		
Burist	Ma	y 21, 1954		Jemet	<u> </u>	Inkom			laho
NTE REC'D BY L		HISTRAR'S SIGNATU	991 1	W	25. FUNERAL DIRECT	. V m.	tues.	Pocatell	) 
7-18-07		us . Da	Land.	wv	The same	M / /	The state of the s	11 - C	عسر
			<del></del>		- ASULT	CANO			
erm DPH-4862	<b>10</b>					•	-		



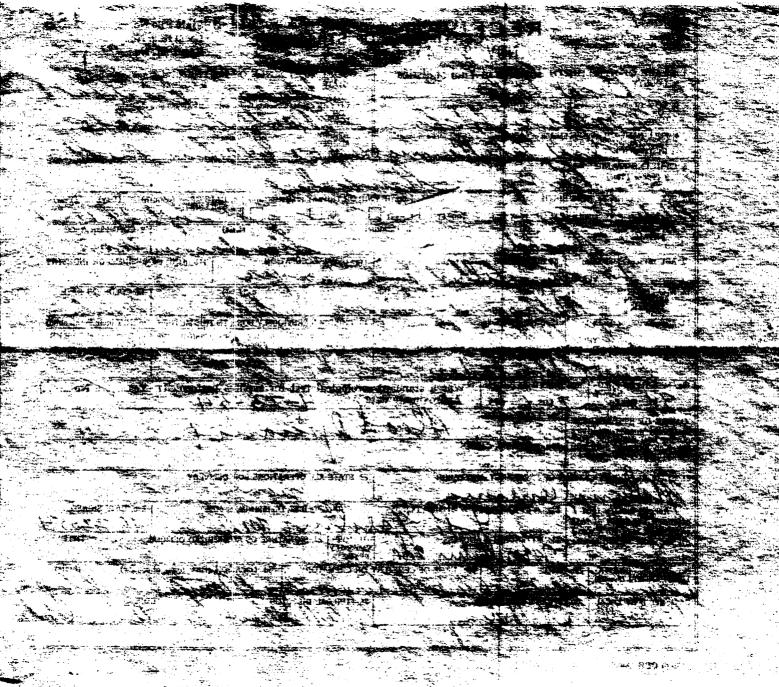
PHS-797(VS)		ECEIVI	(10/0 Remining of	Standard Certificat	e)	State File	No. 163
FEDERAL SECUR PUBLIC HEALTH SE	RITY AGE PRVICE <b>Divi</b> t	sion of Vital St	ERTIFICATE states of		RTH	Local Reg Reg. Dist.	
1. PLACE OF S	TILLBIR	TH		2. USUAL RESID	ENCE OF MO		e does mother live?)
a. COOKI I	Bannoc	<u>k</u>		a. STATE Ida	iho	b. COUNTY	Bannock
b. CITY (If outside OR	e corporate li	mits, write RURAL and	i give township)	c. CiTY (If outside e	orporate limits, write	RURAL and give	e township)
TOWN -	ocate	110			atello		
HUSPITAL OR		hospital or institution, s ck Memoria	dive street address or location)	d. STREET ADDRESS	(If rural, give to	cation)	
3. CHILD'S NA	ME	CK Memoria	T HOSDICAT	11 4.	T 1970		
(Type or Print		DAW.	N AGNES STOLWO	RTHY			
4. SEX	5a. THIS		5b. IF	TWIN OR TRIPLET (This	shild born) 6. DA	TE OF (Mon	th) (Dày) (Yess
Female	SINGLE	K TWIN	TRIPLET 1ST	2ND	SRD   SIT	Septe	th) (Day) (Year mber 20, 195
7. FATHER'S NAME		a. (First)	b. (Mid	dle)	c. (Last)		8. COLOR OR RACE
		William	Row	rdon	Stolwo	rth <del>v</del>	White
9. AGE (At time of the	his birth)	10. BIRTHPLACE (	State or foreign country)	11a. USUAL OCCUPA	TION	11b. KIND OF	BUSINESS OR INDUST
1,3	YEARS	Shellev.	Idaho	School tea	cher	Pocatel	lo High Scho
12. MOTHER'S MAIDEN		a. (First)	b. (Mid	dle)	c. (Last)	<del>*</del>	13. COLOR OR RACE
NAME		Sarah	Marga	ret	Butte	ane	White
14. AGE (At time of the	his birth)	15. BIRTHPLACE (	State or foreign country)				(Do NOT include this chi
39	YEARS	Blackfoo	t. Idaho	a. How many children are now living?	b. How many born alive but a	children were re now dead?	c. How many OTHE children were stillbo
ii. informani S <b>at</b> ah Sta	-	hw. Mother		Three	No	ae	pregnancy)? None
18a. LENGTH OF PR	REG- 18b.	WEIGHT AT BIRTH	A as a Braninald	serological test	for syphilis p	erformed?	YesX No
32 WEEKS	6	LBS. O OZS.	<del></del>	ite.	·		<del></del>
OAUSE OF STILE		20a. FETAL CAUSE	s Ent	1/21.7	10.	•	59.
causing fetal death	(do NOT	20b. MATERNAL C	ALKEE JURINOV	corose to	elelis		
Prematurity, Asphy:	zia, etc.)	200. MATERNAL C	Rh. Se	nsites the	n'		
21. STATE ANY COM	PLICATION	IS OF PREGNANCY	AND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	JVERY	
Rh Sens	Thirt	- Fremol	Tare John	يندريون	lomi		
<del></del>		23a. ATTENDA	NT'S SIGNATURE	epecity if M.	D., mklwife, or oth	DOE)	23b. DATE SIGNED
I hereby certif attended the birti	y that II h of this	///	. 10/1/11/12	(P, A)			
attended the birti child who was be on the date state	h of this orn dead	23c. ATTENDANT'S	ADDRESS J	attended by	TURE OF AUTHO	RIZED OFFICIA	L TITLE
attended the birti child who was bo on the date state at 4:50 A.	h of this orn dead ed above m.	1448	E. Center	attended by physician			· · · · · · · · · · · · · · · · · · ·
attended the birti child who was bo on the date state at 4:50 A.	h of this orn dead ed above m. MA- 25b.	23c. ATTENDANT'S  DATE  -23-54	ADDRESS CINTER  25c. NAME OF CEMETER  Grove City	attended by physician	TURE OF AUTHO	(City, town, or	county) (State
attended the birtichild who was been the date state at 1:50 A.  25a. BURIAL, CREITION, REMOVAL (Spo	h of this orn dead ed above m. MA- 25b. edity)	J448	25c. NAME OF CEMETER Grove City	attended by physician  Y OR CREMATORY  26. FUNERAL DIRECT	25d. LOCATION Blackf	(City, town, or oot, Ids	county) (State
attended the birtichild who was be on the date state at 4:50 A.  at 4:50 A.  TON, REMOVAL (Sport of the control	h of this orn dead ed above m. MA- 25b. edity)	)-44/8 DATE 1-23-54	25c. NAME OF CEMETER Grove City	attended by physician Y OR CREMATORY	25d. LOCATION Blackf	(City, town, or oot, Ids	county) (State



PHS-797(VS)		DEC		Standard Certificate		No. 164
FEDERAL SECUR PUBLIC HEALTH SE		NCY REY		OF STILLBIF		g. No
	.,	NO	V 4 93 state of		Reg. Dist	. No
1. PLACE OF S	TILLBIR	TH Division	of Vital Statistics	2. USUAL RESID	ENCE OF MOTHER (Who	re does mother live?)
a. COUNTY	Bar	nock		ll a STATE	6 COUNTY	Bannock
b. CITY (If outside		mits, write RURAL and a	rive township)	c. CITY (If outside of	rporate limits, write RURAL and give	
OR TOWN	Doz	vney, Idal	20.	OR	atello.	
c. FULL NAME OF	F (Tf not in	hounded of Inveloration win	o atmost address on lassition	d. STREET	(If rural, give location)	
INSTITUTION	Marsh	n Valley I	Hospital	ADDRESS 1	08 Delano	
3. CHILD'S NAI	ME					
[( Type or Print	,	Bab	y G:	irl	Fackrell	
4. SEX	5a. THIS	BIRTH	,5b. IF T	WIN OR TRIPLET (This	bild born) 6. DATE OF (Mon	nth) (Day) (Year)
Female	SINGLE	X TWIN	TRIPLET 1ST	2ND	3RD STILLBIRTH O	ctober 21, 1951
7. FATHER'S NAME		a. (First)	b. (Mide	lle)	c. (Last)	8. COLOR OR RACE
		Robert	LaM	ar	Fackroll	White
9. AGE (At time of the	is birth)	10. BIRTHPLACE (St	ate or foreign country)	11a. USUAL OCCUPAT	TION 11b. KIND O	F BUSINESS OR INDUSTRY
28	YEARS	Pingree	Idaho.	Policema	n Poc. P	olice Force
12. MOTHER'S MAIDEN		a. (First)	b. (Mide	ile)	c. (Last)	13. COLOR OR RACE
NAME	<u> </u>	Roxie		ith	Cutright	White
14. AGE (At time of th	in birth)	15. BIRTHPLACE (St	ate or foreign country)		OUSLY BORN TO THIS MOTHER	·
26	YEARS	Downey.	Idaho.	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	ر کے	1	1			(born dead after 20 weeks pregnancy)?
della	25	ackell	$\gamma_{}$	1 2	none	.none
	NCY	WEIGHT AT BIRTH	<sup>19</sup> Was a standard Approximate da	A	or syphilis performed?	Yes X No
35 WEEKS		LBS. OZS.	Approximate da	April	1954	10 a la Maria
CAUSE OF STILI	LBIRTH	E Al	( 0 4	Pu- 12M	in died promise	I below hirely
State only morbid causing fetal death use such terms as Prematurity, Asphyr	(do NOT	20b. MATERNAL CA	USES Draw aus	OR OCHE	without a little	y select.
Prematurity, Asphyr	ria, etc.)	Man	PI	Father 10	H+ Enth	e a . F.O -
21. STATE ANY COM	IPI ICATIO	NS OF PREGNANCY A	ND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	mucas suc
e 4	2	74.		SOM A	la Chaca Ha	O beau dead, about
I hereby certif	u that I	23. ATTENDAN	IT'S SIGNATURE	(Specify if M. 1	midwife, or other)	23b. DATE SIGNED
attended the birth	h of this	1		20	-1110	10.27-54
child who was bo		23c. ATTENDANT'S	ADDRESS	II NOT   24. SIGNA	TURE OF AUTHORIZED OFFICE	AL TITLE
at.	_ m.	12000	nen Idal	attended by physician		
25a. BURIAL, CREI TION, REMOVAL (Spe	MA- 25b.	DATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (City, town, o	r county) (State)
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATUR	Salvesen	26. FUNERAL DIRECT	OR A	DDRESS
,	_	*				*
Form DPH-48020	<del></del>					

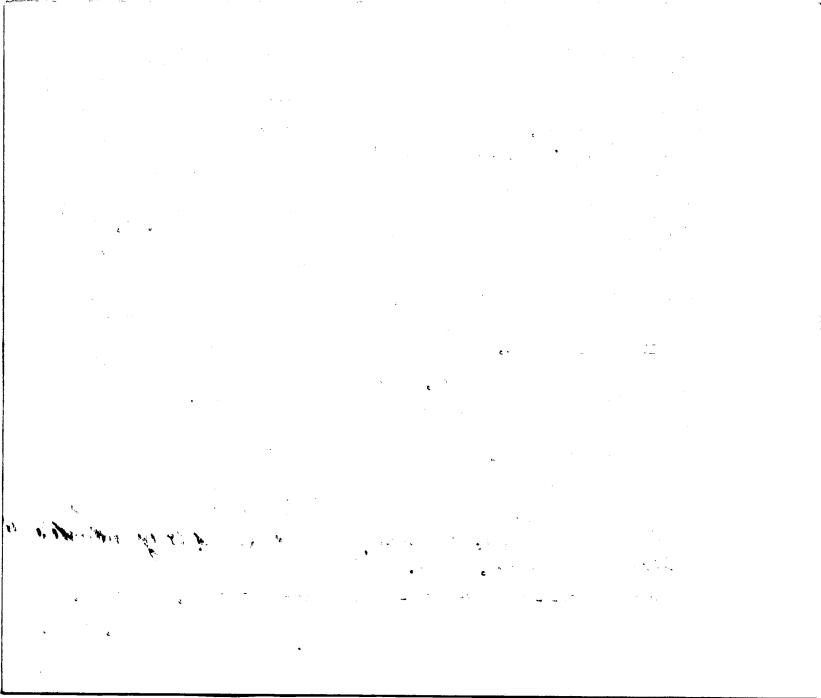


PHS-797(VS) 4-48	RECENTRATION OF	of Standard Certificate) COF STILLBIRTI	111-54state File	No. 165.
FEDERAL SECURITY AGEN PUBLIC HEALTH SERVICE	CERTIFICATE	OF STILLBIRTI	H Local Reg	. No. 555 ≥_
	NUV 2 1954 State	of Idaho	Reg. Dist.	No Co
1. PLACE OF STILBIR a. COUNTY	TH Division of Vital Statistics	2. USUAL RESIDENCE	CE OF MOTHER (When	dose mother live?)
b. CITY (If outside corporate lin	mits, write RURAL and give township)	C. CITY (M optaids corpora	ate limits, write RURAL and give	tograhin)
c. FULL NAME OR 11 So in E HOSPITAL OR INSTITUTION	nomical or institution, give stront address or location)	d. STREET MODRESS	rural, give location	L. H
3. CHILD'S NAME ((Type or Print)	aby Star	udaales		
14 SEX   5a. THIS E		TWIN OR TRIPLET (This child b	orm) 6. DATE OF (MO)n	th) (Day), (Year) 24/954
7. FATHER'S NAME	a. (First) b. (Mi	I.L.	c. (Last)	8. COLOR OB RACE
9. AGE (At time of this birth) YEARS	19. HIRTHPLACE (Spaces Goign county)	11a. USUAL BCCUPATION	11b. KIND OF	BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	lettic Fra	iddle)	CALAST)	13 COLOR OF RACE
14. AGE (At time of this birth)	15 BIRTH CACE (State or foreign country)	7	Y BORN TO THIS MOTHER (	
17. INFORMANT	una smad		How many children were rn alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
Gerald.	Standacher	/ /	non	pregnancy)?
18a. LENGTH OF PREGNANCY  98 WEEKS	VEIGHT AT BIRTH 19 Was a standar 7 LBS. 6 OZS. Approximate of	d serological test for late $\mu$	syphilis performed?	Yes No
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	d Dyraia	sig ?	39.5
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES		(	
21. STATE ANY COMPLICATION	OF PREGNANCY AND LABOR	22. STATE ALL OPERATIO	NS FOR DELIVERY	
macina	238. ATTENDANT'S SIGNATURE	(Specify if M. D., m	old-ulfo or other)	23b. DATE SIGNED
I hereby certify that I attended the birth of this child who was born dead	41, 40	Ustriles ?	mD.	10-22-54
on the date stated above atm.	236, ATTENDANT SLODGRESS JAN	attended by physician	E OF AUTHÓRIZED OFFICIA	L TITLE
Sa BURIAL, CREMA- TICAL REMOVAL (Specify)	CATE 250, NAME OF CEMETE	RY OR CREMATORY 250	LOCATION (City, town, or	county) (State)
DATE REC'D BY LOCAL REG	STRAPIS SIGNATURE	SO FUNERAL DIRECTION	hus Mon	Tolin John



ports.

PHS-797(VS) 4-48	750	FIVE	(1949 Revision of	Standard Certificat	e)	State File	No	166
PUBLIC HEALTH SI	ERVICE	₩ O 1954	CERTIFICATE	OF STILLBIF	RTH	Local Reg		<u> </u>
	Division	of Vital Statist	ica State o	f Idaho		Reg. Dist.	No G. G.	.a
1. PLACE OF S a. COUNTY	TILLBIR	ТН		2. USUAL RESID	ENCE OF MC	THER (Where	does mother live?	
a. COUNTY	Bingh	am		a. STATE Te:	KB. 8	b. COUNTY		
i OR	le corporate li	nits, write RURAL and	give township)	c. CITY (If outside of	rporate limits, write	RURAL and give	township)	
TOWN	Black				l Rio			
c. FULL NAME C HOSPITAL OR INSTITUTION			ve street address or location) al Hospital	d. STREET ADDRESS	(If rural, give lo	cation)	-	
3. CHILD'S NA		ROBER	TO M	ARTINEZ				
4. SEX	5a. THIS I	BIRTH	5b. 1F	TWIN OR TRIPLET (This o	hild born) 6. DAT	EOF (Mont	th) (Day)	(Year)
Male	SINGLE	TWIN 🗌	TRIPLET 1ST	2ND	SRD   STI	LEBRITH Oct	. 1, 1	954
7. FATHER'S NAME		a. (First)	b. (Mide	dle)	c. (Last)		8. COLOR OR	RACE
		ISRAEL		MA	RTINEZ		Mexic	an
9. AGE (At time of t	his birth)	10. BIRTHPLACE (8	tate or foreign country)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR I	NDUSTRY
20	YEARS	Mexico		Laborer		Agric	ulture	
12. MOTHER'S MAIDEN		a. (First)	b. (Mid-	•	c. (Last)		13. COLOR OR	
NAME	·	BERTHA		GOI	MEZ		Mexican	t
14. AGE (At time of the	hie birth)		tate or foreign country)	16. CHILDREN PREVIO				
17	YEARS	Del Rio,	Texas	a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many children were	still born
17. INFORMANT	7 E	Gom	Del Rio, Texa	s None	Non <b>e</b>		(born dead after pregnancy)? None	: 20 weeks
18a. LENGTH OF PE		WEIGHT AT BIRTH	19 Was a standard			erformed?	Yes / 1	To 1
HO WEEKS	NCY 6	LBS. 🔓 OZS.	Approximate da	te Den 2	70,145	~V 4	1 CSR 1	10:
CAUSE OF STIL	LBIRTH	20a. FETAL CAUSES	3				39,	
State only morbid	conditions	<u> </u>					J / /-	<b>ئ</b> ــ
causing fetal death use such terms as Prematurity, Asphy	Stillbirth,	20b. MATERNAL CA	LUSES					
		Tope	mia					
21. STATE ANY COM	MPLICATION	S OF PREGNANCY A	AND LABOR	22. STATE ALL OPER	TIONS FOR DEL	IVERY		
74	yes	nia:	· · · · · · · · · · · · · · · · · · ·	Outles	To	eps		
I hereby certif attended the birth		23a. ATTENDAN	T'S SICHETTE	(Specify if M. I	, midwife, or oth	er) /	23b. DATE SIGN	IED
child who was be	rn dead	_(Xal	philoso	tom	D	l,	Det 411	454
on the date state at 6:40 o	above m.	23c. ATTENDANTS Blackfoot	· · · · · · · · · · · · · · · · · · ·	If NOT 24. SIGNAT physician	TURE OF AUTHOR	RIZED OFFICIAL		TITLE
25a. BURIAL, CRE	MA- 25b.	DATE	25c. NAME OF CEMETER	L	25d. LOCATION			(State)
Burial		0-2-54	Riverside-Th	omas Cemeter	y Black	foot,	Idal	10.
DATE REC'D BY LO	CAL REGI	STRAR'S SIGNATUR		26 FUNERAL DIRECTO	OR /	ADI	DRESS	
Oct 2-1950		Protection	ny Hateria	Jem C.	peraper	Z Blac	kfoot,	Idaho
	- ' <i>'</i>			John C.	Sandberg		V	

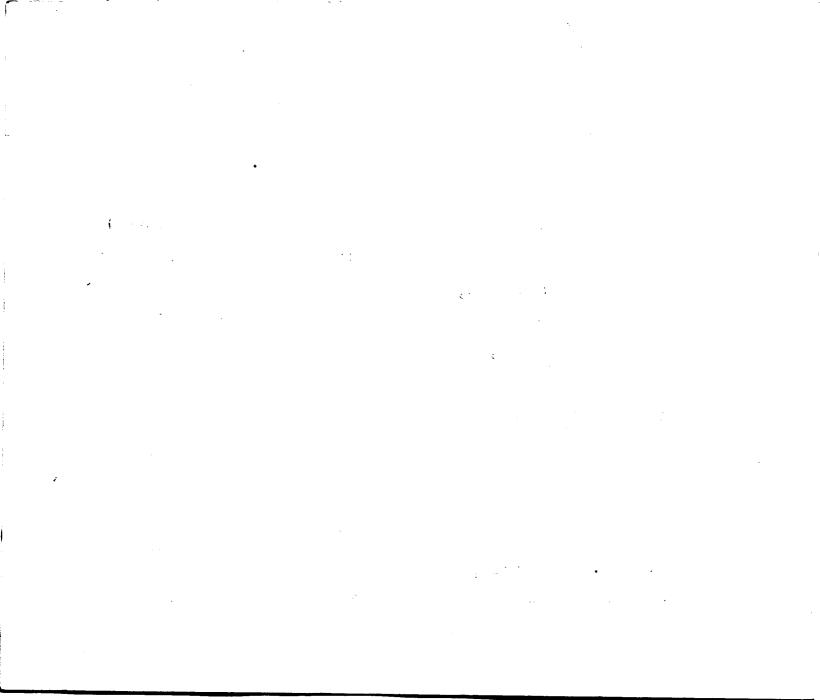


## RECEIVED

PHS-797(VS) 4-48	OCT	5 8 <del>954</del>			Standard Certificate			No.
FEDERAL SECURIT	TY, AGEN	of Vital Statist	CERTIFICAT	Έ	OF STILLBIF	RTH	Local Reg	No. 44 2 6
TODETO TIENETTI OFF	ITIOIUM	OI TIMI DUMENT	State	e of	Idaho		Reg. Dist.	No. 6 0 0
I. PLACE OF ST	ILLBIR	TH			2. USUAL RESID	ENCE OF MO	OTHER (Where	dose mother live?)
COUNTY -	Bingh				a STATE	aho	h COUNTY	Bingham
	Black	nits, write RURAL and	give township)		c. CITY (If outside ed OR TOWN <b>Pi</b>	rporate limits, writ Ngree	e RURAL and give	township)
c. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in b	gham Memor	ive street address or location in the street address or location in the street and stree	) (a	d. STREET ADDRESS	(If rural, give l	ocation)	
3. CHILD'S NAM {(Type or Print)		Monte	Licurtis Me	ech	am			
4. SEX S	Sa. THIS E		r 1	IF T ST	WIN OR TRIPLET (This o	hild born) 6. DA ST	TE OF (Mont ILLBIRTH Oc	th) (Day) (Year) t. 3, 1954
7. FATHER'S NAME		a. (First) elvin	b. () <b>L</b> .	Midd		c. (Last) lecham		8. COLOR OR RACE White
9. AGE (At time of this 52	birth)	10. BIRTHPLACE	State or foreign country) 1d, Idaho.		11a. USUAL OCCUPAT			BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	72	a. (First) Othea	b. (	Mide	•	c. (Last)	<u> </u>	13. COLOR OR RACE White
14. AGE (At time of this	birth)	15. BIRTHPLACE (	State or foreign country)		16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER (	Do NOT include this child)
40	YEARS	Blackfoot,	Idaho.		a. How many children are now living?	b. How many born alive but	children were are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
mel	vin	L. Om	icham		4	0		pregnancy)?
18a. LENGTH OF PRE NANO WEEKS	CV I	WEIGHT AT BIRTH  1 LBS. 2 OZS.	19 Was a stand Approximate		serological test i	or syphilis		Yes X No
CAUSE OF STILL! State only morbid co	onditions	20a. FETAL CAUSE	s now					39,5
causing fetal death (cuse such terms as 8) Prematurity, Asphyxi	do NOT  tillbirth,	20b. MATERNAL C	AUSES Www					
21. STATE ANY COMP	PLICATION	NS OF PREGNANCY	AND LABOR tetained she	u/o	22. STATE ALL OPER	ATIONS FOR DE		
I hereby certify attended the birth	of this		NT'S SIGNATURE			O., midwife, or of	ther)	23b. DATE SIGNED  10-4-54
child who was bor on the date stated at 1:25	d above	23c. ATTENDANT'S Blackfoo			If NOT attended by physician	TURE OF AUTHO	ORIZED OFFICIA	L TITLE
25a, BURIAL, CREM TION, REMOVAL (Speed Burial	A- 25b.	DATE Oct. 6,1954	25c. NAME OF CEME			25d. LOCATION	(City, town, or	county) (State) Idaho.
DATE REC'D BY LOC		ISTRAR'S SIGNATU		<u> </u>	26. FUNERAL DIRECT	Sand	Kerg Al	Blackfoot, Idah
VIII 4 7 7 7 7 9	<del>* '///</del>	/ IV WEST	the grand		0		0	

• 1. English of the state of th • 4 n de la companya de la companya de la companya de la companya de la companya de la companya de la companya de et established in the second of the second o  $\sigma^{(1)}$  . The second of T• • • • The second sec 

PHS-797(VS)	RE	CEIVE	O (1949 Revision of	Standard Certificate	111-54-() State File	No. 168
4-48 FEDERAL SECUE	TILT ASSET	1 1954	CERTIFICATE	OF STILLBIR	TH Local Re	z. No. 472
PUBLIC HEALTH SI	EBAICE	n of Vital Statist			Reg. Dist	No. 600
1. PLACE OF S					ENCE OF MOTHER (Who	re does mother live?)
a. COUNTY E	ingham	1		a. STATE Idaho	b. COUNTY	Bingham
b. CITY (If outsid	le corporate li	mits, write RURAL and g	dve township)	c. CiTY (If outside eo	rporate limits, write RURAL and gi	re township)
OR TOWN B	lackfo	oot		TOWN	ckfoot	
c. FULL NAME O	OF (If not in	hospital or institution, giv	e street address or location)	d. STREET ADDRESS	(If rural, give location)	
INSTITUTION	Bingh	am Memorial	Hospital	614	No. Shilling	
3. CHILD'S NA						
((Type or Prin		NOT NAMED				
4. SEX	5a. THIS	<u> </u>		WIN OR TRIPLET (This of	hild born) 6. DATE OF (Mo	nth) (Day) (Year)
Female	SINGLE		TRIPLET 1ST		ero 🗆 Octo	
7. FATHER'S NAME		a. (First)	b. (Mide	ile)	c. (Last)	8. COLOR OR RACE
		Raymond		anklin	Winmill	White
9. AGE (At time of t	this birth)	10. BIRTHPLACE (8)	ate or foreign country)	11a. USUAL OCCUPAT	TION 11b. KIND C	F BUSINESS OR INDUSTRY
119	YEARS	Sugar Ci		Laborer		
12. MOTHER'S MAIDEN		a. (First)	b. (Mide	dle)	c. (Last)	13. COLOR OR RACE
NAME		Mary	Em		Norris	White
14. AGE (At time of t	this birth)	15. BIRTHPLACE (8)		a. How many chil-	b. How many children were	· · · · · · · · · · · · · · · · · · ·
42	YEARS	Egin.	Idaho	dren are now living?	born alive but are now dead?	children were stillborn (born dead after 20 weeks
17. INFORMAN	т //	0/-	-00		37	pregnancy)?
- 200	ma	Mum	nill	Four	None	None
	ANCY	_	<sup>19</sup> Was a standard Approximate da	•: <del>-</del>	or syphilis performed?	Yes. A. No
32 WEEK	s   ?	LBS. ? OZS.	Approximate de	te April		<del></del>
CAUSE OF STIL		ZUA. PETAL CAUSES				36,0
State only morbid causing fetal death use such terms as	(do NOT	20b. MATERNAL CA	LIGES		/ 04	0 -
Prematurity, Asphy	yxia, etc.)	200, MATERIAL CA	mes	ruption	of Olecande	Ob Cord and
21. STATE ANY CO	MPLICATIO	NS OF PREGNANCY A	ND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	477
				1' C \	<u> </u>	
I hereby certi	fy that I	23a. ATTENDAN	F'S SIGNATURE	(Specify if M.)	D., midwife, or other)	23b. DATE SIGNED
attended the bir		16	mile	5/11 0		October 27, 195
on the date sta		23c. ATTENDANT'S	ADDRESS	If NOT 24. SIGNA attended by	TURE OF AUTHORIZED OFFIC	AL TITLE
at2:25	P.m.	Blackfoot		physician		
25a. BURIAL, CRE TION, REMOVAL (8)	EMA- 25b.	DATE	25c. NAME OF CEMETER		25d. LOCATION (City, town,	or county) (State)
Crematio		0-27-54	Bingham Mem	orial Hospit		
DATE REC'D BY L	OCAL REG	SISTRAR'S SIGNATUR	Ex H (ac	26, FUNERAL DIRECT	9R)	Disples Took
Det. 27-19	154 /1	mothalin	L. Volunt	I-Ble	Myar	Blackfoot, Idaho
	• /	•				

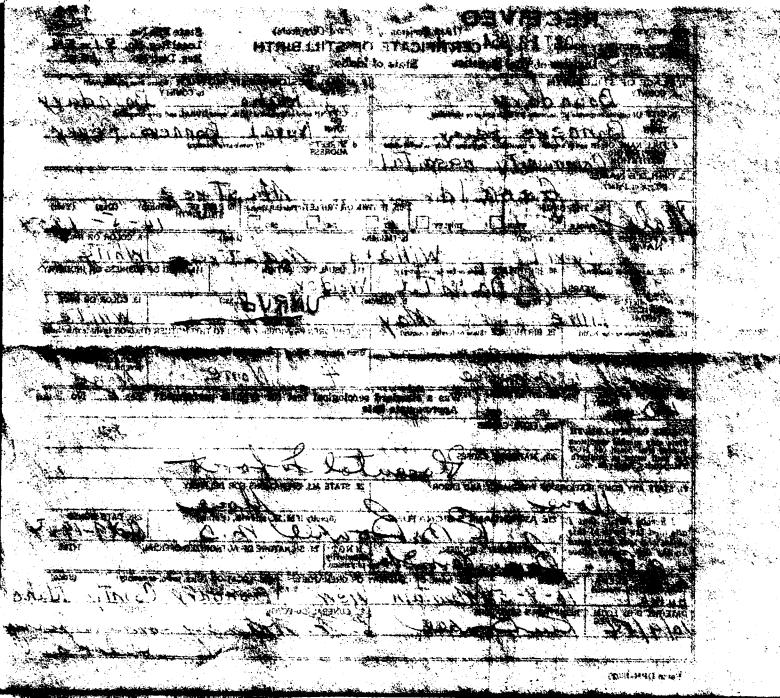


PHS-797(VS) 4-48 FEDERAL SECURITY AGEN PUBLIC HEALTH SERVICE	(1949 Revision of A	OF STILLBIR	TH Local Reg	No. 226 No. 648
1. PLACE OF STILLBIR			FNCE OF MOTUES	
a. COUNTY Bennevi.		a. STATE dahe	ENCE OF MOTHER (When b. COUNTY	neville
b. CITY (If outside corporate lis	nits, write RURAL and give township)	c. CITY (If outside co	rporate limits, write RURAL and give	township)
TŎŴN Idaho I	Falls	TOWN TO	na .	
c. FULL NAME OF (If not in I HOSPITAL OR INSTITUTION L.D	nospital or institution, give street address or location)	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME ((Type or Print)	Amos J.Reckwood			
4. SEX 5a. THIS		WIN OR TRIPLET (This of	6. DATE OF (Mon	th) (Day) (Year)
Male single	TWIN TRIPLET 1ST	2ND .		10.1954
7. FATHER'S NAME	a. (First) b. (Middl	ie)	c. (Last)	8. COLOR OR RACE
	uce R. Rockwood			White
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country)  Icha, Idaho:	11a. USUAL OCCUPAT	: · · · · · · · · · · · · · · · · · · ·	BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) b. (Middle Lewis Jenkin)	· · ·	t. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign sountry)		DUSLY BORN TO THIS MOTHER	(Do NOT include this child)
28 YEARS	Idaho Falla, Idaho	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
Busce 111	Cochwood	2	Nene	pregnancy)?
18a. LENGTH OF PREGNANCY WEEKS 7	LBS. 2 OZS. Approximate dat	te.	or syphilis performed?	Yes. No
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES undeter	mined		39,6
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Undeter 20b. MATERNAL CAUSES Undete	mined		
21. STATE ANY COMPLICATION	IS OF PREGNANCY AND LABOR		ATIONS FOR DELIVERY	
	none		none	,
I hereby certify that I	234. ATTENDANT'S SIGNATURE	(Specify if M. I	)., midwife, or other)	23b. DATE SIGNED
attended the birth of this	Milton T.	Koes		10-14-54
child who was born dead on the date stated above	230 ATTENDANT'S ADDRESS	If NOT 24. SIGNA attended by physician	TURE OF AUTHORIZED OFFICIA	L TITLE
25a. BURIAL, CREMA-   25b.	DATE   25c. NAME OF CEMETERY		25d. LOCATION (City, town, or	county) (State)
TION REMOVAL (Resolfs)	/12/54 Iena Cemete	מייו	Lena Idaho	
	STRAR'S SIGNATURE	26. FUNEFAL DIRECT		DDRESS
MN.10-1954 4	/ // /	Jack K. Voc		Idehe
	0		-	

and turnsand (restrate) Me Walk THE CARINE OF STILLBIRTH Local Rest. No. of State distant a server of The state of the s CONTROL Sales areas por solar sales and grate professions Idako Felik L.D. b. Happitel मन्त्राष्ट्र शिले हुई wen onset the construction of the construction S. Marin Monthly (1969) Com od Law Bruce L. Bockwood, THE HALL WILLIAM OF THE THE RIGO OF POSTICES OF HERITAGE Parming Parmer L The sound to MUTEO o Palls, Iwas And the same of th the state of the s STORY ON BURNETE BASE Capte or ermina MINES SEMESTERNA THAT ARE COMPLETION TO PERSON Z SARRA OF SAIN IN . CONTROL TOWN STATE OF THE TO SHATIME IS SHE CHAPTER Kaba como s want : offert and Harting Property Breakfran

PHS-797(VS) 4-48			Standard Certificate		State File	No.	70
FEDERAL SECURITY AGEI PUBLIC HEALTH SERVICE	NCY REC	ERVIEDATE		RTH	Local Reg.	, , , ,	<u>.</u>
	NOV.	13 354 State of			Reg. Dist.		
1. PLACE OF STILLBIR a. COUNTY	Division of	Vital Statistics	2. USUAL RESID	ENCE OF	MOTHER (Where	does mother live!	<u> </u>
b. CITY (If outside corporate li	111e		Idah			Bonnevi	.11e
OR		ve township)	c. CITY (If outside on OR TOWN T.dah			township)	
TOMO F		street address or location)		O Falls			
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION	. 4 77 77	•	d. STREET ADDRESS 52	_ ' '	len Drive		
3. CHILD'S NAME	ed Heart Ho	Shrur		o Little	ien prive		<del></del>
((Type or Print)	bersole						
4. SEX 5a. THIS		5b. IF T	WIN OR TRIPLET (This o	hild born) 6.	DATE OF (Mont	h) (Day)	(Year)
Male SINGLE	SE TWIN	TRIPLET IST	2ND	SRD .	STILLBIRTH Oct	ober 28	1954
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last	3)	8. COLOR OR	RACE
Earl		Raymon		Eberso1	le l	Wht.	
9. AGE (At time of this birth)	10. BIRTHPLACE (Sta	te or foreign country)	11a. USUAL OCCUPAT	ION	1	BUSINESS OR	
36 YEARS	Idaho a. (First)	b. (Midd	Chemist	7			Commission
MAIDEN		•	•	c. (Last	1	13. COLOR OF	( RACE
14. AGE (At time of this birth)	Ruth   15. BIRTHPLACE (Sta	Iren	e 16. CHILDREN PREVIO	Pause DUSLY BORN 1		No NOT include	a this shild)
22 YEARS	Idaho	¥ . ==	a. How many chil- dren are now living?		ny children were	c. How many	OTHER
17. INFORMANT	71 1		Gren are now hyingr	DOLLI STIAS DE	It are now dead?	children were (born dead afte pregnancy)?	stiliborn sr 20 weeks
GANS. C	versola	2	3		0	pregnancy):	0
18a. LENGTH OF PREG- 18b.	WEIGHT AT BIRTH	<sup>19</sup> .Was a standard	serological test f	or syphilis	performed?	Yes	No
34 WEEKS 6	LBS. 6 OZS.	Approximate dat	te				
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	Hydron	eghelow.	<u> </u>		38	311
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAU	SES ) / .	0		•		
		run					
21. STATE ANY COMPLICATION	NS OF PREGNANCY AN	ID LABOR	22. STATE ALL OPERA	TIONS FOR E	DELIVERY		
* * * * * * * * * * * * * * * * * * * *	Morris		<u>l</u>	ow of	rupz,		· · ·
I hereby certify that I attended the birth of this	23a. ATTENDANT	SIGNATURE	(Specify if M. I	., midwis, or	other)	23b. DATE SIG	NED
child who was born dead on the date stated above	23co ATNENDANT'S A	DIDRESS A	II NOT   24. SIGNAT	TIRP-OF ALTT	HORIZED OFFICIAL	10	TITLE
at m.	Idelw +	We Idha	attended by physician	ONE OF HOT			
TION, REMOVAL (Specify)	1304	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATIO	ON (City, town, or e	ounty)	(State)
	tober 30	Rose Hill C			Falls B		<u>e Ida</u> ho
DATE REC'D BY LOCAL REG	METRAR'S SIGNATURE	9:1	26. FUNERAL DIRECTO	OR 7 D	$\mathcal{U}_{-}$	DRESS	
1 W 21 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	me/	ugges 1	orma (	1 /10	icae Ida	ho Falls	Ldaho

1843 P. Ask Contact Contact HATTHELLINE HO STRUCK WAS DELICATED AND THE PARTY. A STATE OF THE STA The state of the s Shows are the property of the state of the s Ha KNO WAT HEAVED HATED HALLEN STRATION things to the state of the second section of the section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the section of the second se THE REAL PROPERTY AND ADDRESS OF THE PARTY O A STATE ALL COMMONDS FOR CREWICKY THE RESERVE LIMBE SING 15 outer Memoral of the the Cartina inco



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PHS_797(VS)	Standard Certificate)	State File No
FEDERAL SECURITY AGENCY 1 1954 CERTIFICATE		ocal Reg. No.
PUBLIC HEALTH SDIVISION of Vital Statistics State of	Idaho	Reg. Dist. No. 312
1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF MOT	HER (Where does mother live?)
-a. COUNTY Caryon	a. STATE Idaho b.	COUNTY Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	c. CITY (If outside corporate limits, write RT OR TOWN	URAL and give township)
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION CALLUELL Mem Assault	d. STREET ADDRESS ATT Tural, give location	on) L
3. CHILD'S NAME ((Type or Print)  Steven	Wayne Floyd	
	WIN OR TRIPLET (This child born) 6. DATE STILLE	OF (Month) (Day) (Year)  SIRTH 9 - 15 - 195 4
7. FATHER'S a. (First) b. (Midd	Mayne Lo	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)  YEARS 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME  8. (First)  Cola  b. (Midd	le) Jarms	13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	M. CHILDREN PREVIOUSLY BORN TO THE	
39 YEARS // Cridian Haho	a. How many children are now living? b. How many chi	low dead?   children were stillborn
17. INFORMANT Leola M. Gloyd	Trough 0	(born dead after 20 weeks pregnancy)?
18d. LENGTH OF PREGNANCY NANCY WEEKS 2 LBS. /2025. Approximate da	serological test for syphilis per te march, 1954	formed? Yes. No
OAUSE OF STILLBIRTH State only morbid conditions  20a. FETAL CAUSES  None		52,4
State only morbid conditions causing fetal death (do NOT use such terms as stillbirth, 20b. MATERNAL CAUSES		
Prematurity, Asphyxia, etc.)	of Pregnancy	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVE	RY
I hereby certify that I   23a. ATTENDANT'S SIGNATURE,	(Specify if M. D., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	le ml	9/15/54
at b all all all all all all all all all a	If NOT attended by physician	ED OFFICIAL // TITUE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Sept. 16, 1954 Canyon Hill		1 1.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
10-29-54 Gener Winman	Peckham-Dakan	Caldwell, 2dah
	7.11	

THE THEORY OF THE PARTY OF THE CALLEY AND THE REAL PROPERTY AND THE REAL PR 

14-40 IN C L I V L I J	Standard Certificate)	State File No.	<u></u>
PUBLIC REALIN SERVICES (3.1.1.1)	OF STILLBIRTH	Local Reg. No. 6 4	
Didle Or		Reg. Dist. No	<b>J</b>
1. PLACE OF SHYLDBUR OH VItal Statistics a. COUNTY	2. USUAL RESIDENCE OF MO		
(A) VVI	a. STATE Idaho	b. COUNTY Ow Yher	Ε
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	C. CITY (If outside corporate limits, write	RURAL and give township)	····
	TOWN HOME OA		-
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION  Address / Memorial	d. STREET (If rural, give lo	cation)	
3. CHILD'S NAME ((Type or Print)  (Chae  (Type or Print)	DEAN PACE		
4. SEX 5a. THIS BIRTH 5b. IF TO THE SINGLE TWIN TRIPLET 1ST	WIN OR TRIPLET (This child born) 6. DAT	LLBIRTH (Month) (Day)	(Year)
7. FATHER'S a. (First) b. (Middi		8. COLOR OR RA	
JAMES 1914.	erd Face	wx.7	<u></u>
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INC	USTRY
YEARS SAN VEHE - HRKANSAS	SAKMER	SARRMIN	
12. MOTHER'S MAIDEN NAME  12. MOTHER'S  a. (First)  ARRARE  b. (Middle of the content of the con	DALRYAPLE	13. COLOS OR R	ACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO		is ehild)
34 YEARS Cushing -OKInhemA	a. How many chil- dren are now living?   b. How many born alive but a	children were c. How many O' re now dead? children were st	illborn
Mrs James albred Pace	2 0	(born dead after 20 pregnancy)?	weeks
18a. LENGTH OF PREGNANCY WEEKS  7 LBS. 74OZS.  Approximate dat	serological test for syphilis p	erformed? Yes No	
CAUSE OF STILLBIRTH   20a. FETAL CAUSES		ر الله	21
State only morbid conditions		<u>ح</u>	7.6
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DEL	IVERY	<del></del>
I hereby certify that I attended the birth of this child who was born dead	(Specify if M. D., midwife, or oth	er) 235. DATE SIGNE	0
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT attended by physician	NZED OFFICIAL TIT	TLE
25a. BURIAL, CREM A- TIQN, REMOVAL (Speedty) 25b. DATE 25c. NAME OF CEMETERY	1 /		itate)
Burial   Oct. 13, 1954 Canyon Hill		ll, Idaho	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  10-12-54 REG.  CANA MULLINARY	26. FUNERAL DIRECTOR	ADDRESS	ell-Idah
	7.1.0	The first same	-4411
	<del>/</del>		<del></del>

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PHENDELOS (1949 Revision of	Standard Certificate) State File	No. 174
FEDERAL SECURITY AGENCY   U.S. / CEDTIFICATE	OF STILLBIRTH Local Reg	
Division of Vital Statistics State of		No.520-52/
1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF MOTHER (When	e does mother live?)
a. COUNTY Cac ka u	a. STATE b. COUNTY	Garil .
b. CITY (If outside corporate limits, write RURAL and give township)	c. CiTY (If outside corporate limits, write RURAL and give	aribou
TOWN Code Comment	TOWN God	• cownamp)
c. FULL NAME OF (If not in hospital or institution, give atreet address or location)	d. STREET (If rural, give location)	
HOSPITAL OR INSTITUTION	ADDRESS (II rural, give locardon)	
3. CHILD'S NAME	4	
((Type or Print)		
4. SEX 5a. THIS BIRTH 5b. IF 7	WIN OR TRIPLET (This child born) 6. DATE OF (Mon	th) (Day) (Year)
Male SINGLE TWIN TRIPLET IST	2ND 3RD STILLBIRTH	1. 3 1954
7. FATHER'S a. (First) b. (Midd	lle) c. (Last)	8. COLOR OR RACE
Jess Kenne	eth Munk	1016 to
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)		BUSINESS OR INDUSTRY
40 YEARS Marti Utah	Maintenance Men Chemi	cal Connecus
12. MOTHER'S a. (First) b. (Midd		13. COLOR OR RACE
MAIDEN LOIS Elle	• •	C11 1-
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER	(Do NOT include this child)
36 YEARS (lear tield (1 tah	a. How many chil- b. How many children were	c. How many OTHER
17. INFORMANT	dren are now living? born alive but are now dead?	children were stillborn (born dead after 20 weeks
x mrs tees much	6 0	pregnancy)?
18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Was a standard	serological test for syphilis performed?	Yes No
36 WEEKS LBS. OZS. Approximate da	te on it	ACS 110
CAUSE OF STILLBIRTH   20a. FETAL CAUSES		01 9
State only morbid conditions	al - il and	7672
causing fetal death (do NOT use such terms as Stillbirth, Premsturity, Asphyla, etc.)	7 7	· · · · · · · · · · · · · · · · · · ·
Name	•	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY	
Planeta Previa with premature separation	W.me	
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	Trient & MID	1201852
on the date stated above 23c. ATTENDANT'S ADDRESS	II OT 24 SIGNATURE OF AUTHORIZED OFFICIAL attended by	
at 9:121 pm.	attended by physician	
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETERY	OR CREMATORY   25d. LOCATION (City, town, or	county) (State)
Bucial Oct +1954 - Fair May	Come teru Abor Springs	Toloho
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE		DRESS ()
10-4-54 REG. Detty Mee Surton	(O. L) White and	11 donla de-

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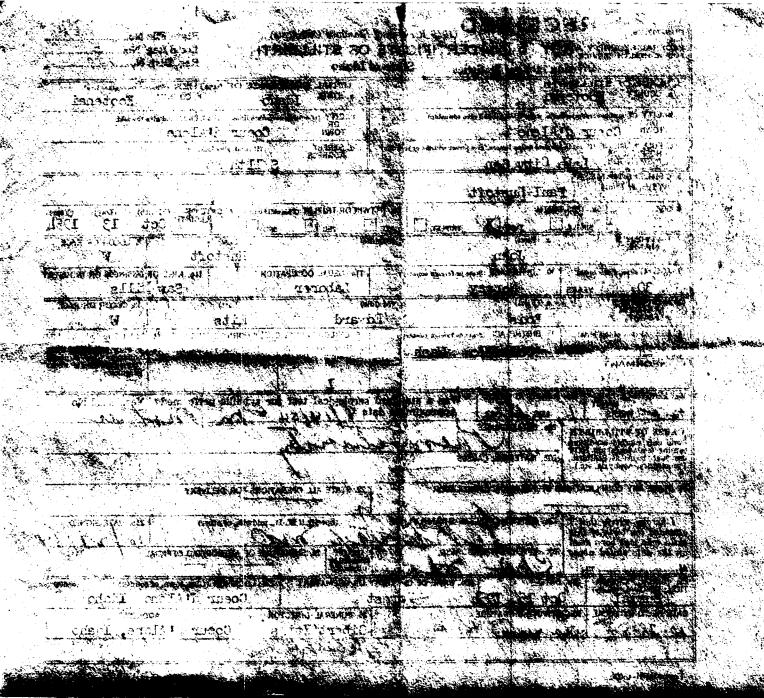
		LIVEL		sion of	Standard Certificat	e)	State File	No	175
FEDERAL SECUR	TY ASE	<b>₹29</b> 19 <b>54</b>	CERTIFIC	ATE	OF STILLBIF	RTH	Local Reg		
	<u>Division</u>	of Vital Statis	tice S	tate of	Idaho		Reg. Dist.	No	Ż
1. PLACE OF S	emont	тн			2. USUAL RESID a. STATE	ENCE OF M	OTHER (Where b. COUNTY	does mother live?	1 -
OR .	ht on	mits, write RURAL and	give township)		c. CITY (If outside of OR TOWN West	rporate limita, writ	RURAL and give		
c. FULL NAME O HOSPITAL OR INSTITUTION	F (If not in )	hospital or institution, gi	HOSpital	ocation)	d. STREET ADDRESS	(If rural, give	ocation)		
3. CHILD'S NA ((Type or Print		ouge L	-ARSOI	~					
4. SEX	5a. THIS	BIRTH		5b. IF T	WIN OR TRIPLET (This	shild born) 6. DA	TE OF Mont	h) (Day)	(Year)
	SINGLE		TRIPLET 🔲	1ST L	2ND	3RD	20	)	<u>54</u>
7. FATHER'S NAME	G	a. (First)	<i>F</i>	b. (Midd	nan	Lars	אמ	8. COLOR OR White	
9. AGE (At time of the		10. BIRTHPLACE (8	tate or foreign countr		11a. USUAL OCCUPAT			BUSINESS OR	INDUSTRY
<u> </u>	YEARS		Sweed	en	Bar-to	ender			
12. MOTHER'S MAIDEN NAME	,	a. (First) Heleni		b. (Midd Edi	•	c. (Last)	stman	13. COLOR OF	white
14. AGE (At time of the	de birth)	15. BIRTHPLACE (8	State or foreign countr		16. CHILDREN PREVIO	OUSLY BORN TO		Do NOT includ	s this child)
34 17. INFORMANT	YEARS	Bain.	Minnes	otu.	a. How many children are now living?	b. How many born alive but	children were are now dead?	c. How many children were (born dead after	stillborn
Gustaf	Hern	ans La	rsanı		4			pregnancy)?	0
18a. LENGTH OF PR 40 NAI WEEKS	EG- 18b. NCY	WEIGHT AT BIRTH LBS. OZS.	<sup>19</sup> Was a sta Approxim	indard ate da	serological test i	or syphilis	performed?	Yes	No
CAUSE OF STILL	ecolitic per	20a. FETAL CAUSE	us ture		renase	time	1 4	lane	te
causing fetal death use such terms as Prematurity, Asphys	(do NOT Stillbirth, tia, etc.)	20b. MATERNAL C	AUSES		han	onl	44		
21. STATE ANY CON	PLICATION	S OF PRESNANCY	AND LABOR	leere	22. STATE ALL OPER	ATIONS FOR DE	LIVERY		
I hereby certif attended the birti child who was bo	of this	23a. ATTENDAL	T'S SIGNATI	RE	(Specify if M.)	D., midwife, or of	ther)	23b DATE GIG	NED 21,1954
on the date stated above		23c. ATTENDANT'S			If NOT 24. SIGNA attended by	TURE OF AUTHO	ORIZED OFFICIAL	L	TITLE
at 8:58. P	m. As	htom, Idah	7		physician				
25a. BURIAL, CREI TION, REMOVAL (Sp.	MA-ZSb.	0/22/54	2500 NAME OF C	AST P	OR CREMATORY	25d. ESCATION	(City, town, or	oounty)	nava
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATUR	E	U	26. WHERAL DIRECT	OR JAIL	1 12	DREAS	Ldalo
					· VI ·CACCOOK	7 V / W	/-		

TO THE PROPERTY AND A tow west to Langtone So, IF LANGE THE CENTERING CHOOSE OF STREET 

PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE RECE	1949 Revision of L TEODTE (	Standard Certificate OF STILLBIF <b>Idaho</b>	e) RTH	State File Local Reg. Reg. Dist.	
1. PLACE OF STILLBIRTH NUV 3 a. COUNTY IDAHO Division of Vi	ital Statistics	2. USUAL RESID a. STATE IDA	HO	b. COUNTY	IDAHO
b. CITY (If outside corporate limits, write RURAL and give to OR Grange Ville,	c. CITY (If outside of OR (FISH TOWN	geVille,	RURAL and give	township)	
c. FULL NAME OF (If not in hospital or institution, give stree HOSPITAL OR INSTITUTION GENETAL	t address or location)	ADDRESS 112	0 No. Sta	te St	
3. CHILD'S NAME ((Type or Print) HUGENE	GERAND	NUXOLL			
4. SEX Da. THIS BIRTH  SINGLE TWIN TR	5b. IF TV	VIN OR TRIPLET (This o	hlid borm) 6. DATI STIL	OF (Mont	6, (Day) 1954
7. FATHER'S a. (First) NAME Sigene	b. (Middl		c. (Last) uxoll		8. COLOR OR RACE White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or 1) 29 YEARS Greencreek. I	dahi	Dry Kiln O	perator	ilb. Kind of Lumber	BUSINESS OR INDUSTRY
12. MOTHER'S a. (First) MAIDEN NAME Jennie L	b. (Middl	e) He	rzog (Last)		13 COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or Portion 22)					Do NOT include this child)
17. INFORMANT	Idaho.	a. How many chil- dren are now living?	b. How many co born alive but are	hildren were now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18a. LENGTY OF PREG- 18b. WEIGHT AT BIRTH 19 WANCY 25 WEEKS / LBS. 2 025.	as a standard a	serological test f	or syphilis pe	rformed?	Yes. No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES					36.2
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	partie	3 Place	ita	-	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LI	ABOR	22. STATE ALL OPERA	TIONS FOR DELIV	/ERY	
I hereby certify that I 23a/ATTENDANT'S attended the birth of this child who was born dead	SUSMATURE	(Specify if M. D	, midwife, or other	r)	23b. DATE SIGNED 260et 54
on the date stated above 23c. ATTENDANT'S ADDRES at 11:48.A. m.	V 1 4 8	If NOT 24. SIGNAT ttended by physician	URE OF AUTHOR	ZED OFFICIAL	TITLE
25a. BURIAL CREMA- TION REMOVAL (Speelty) Oct.26,1954 Pre	NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (	• •	ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  OCT. 26 1954 Small	Done	26. FUNERAL DIRECTO		ADI	eville. Idaho
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A A MARCHANIA with the part of the second The parties of the pa The policy of the control of the Van Manual Land Work of the State o COMPANY STAT USE Confidence of the U. S. of the confidence of the Confidence of the Parties and the

PHS-797(VS)	RE	CEIVE		Revision of	Standard Ceri	tificate)		State File	1	77
4-48 FEDERAL SECUR PUBLIC HEALTH SE	TY ACT	<b>6 V</b> 5 1954	4 CERTIF	ICATE	OF STILL	BIRT	н	Local Reg		
PUBLIC HEALTH SE		on of Vital Sta		State o			• •		No. 120	
1. PLACE OF S a. COUNTY	TILLBIR Kooter					ESIDEN Idaho	CE OF M	DTHER (Where	does mother live Kooten	_
UK _		mits, write RURAL a	nd give township)		ii Ok	_	_	RURAL and give	township)	
	<del></del>	Alene	<del></del>		TOWN	C	oeur d'	Allene		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City Gen				d. STREET ADDRESS		II rural, give le III the St	•			
3. CHILD'S NA ((Type or Print	ME	Paul Husto								
4. SEX	5a. THIS	BIRTH		5b. IF 7	WIN OR TRIPLET	(This child l	oora) 6. DA	TE OF (Mon	th) (Day)	(Yeag)
<u>M</u>	SINGLE	TWIN 2	TRIPLET	1ST [	2ND	3RD		LLBIRTH Oct	t 13	1954
7. FATHER'S NAME		a. (First)		b. (Midd	lle)		c. (Last)		8. COLOR OR	RACE
		John					Husto		W	
9. AGE (At time of the		10. BIRTHPLACE		ountry)	11a. USUAL OC				BUSINESS OR	INDUSTRY
12. MOTHER'S	YEARS	a. (First)	ау		Labore	r		Saw I	Hills	
MAIDEN NAME		Lois		b. (Midd Ec	iward		c. (Last) Rits		13. COLOR OF	RACE
14. AGE (At time of th	is birth)	15. BIRTHPLACE	(State or foreign o	ountry)	16. CHILDREN	PREVIOUSL	Y BORN TO	THIS MOTHER (	Do NOT includ	e this child)
24	YEARS	Colvil	le Was	h	a. How many dren are now li			children were re now dead?	c. How many children were	OTHER
17. INFORMANT						7.22.	m. 170 Duy 6	ne mon dead:	(born dead after pregnancy)?	ar 20 weeks
					1				p-03	
18a. LENGTH OF PR	EG- 18b.	WEIGHT AT BIRTH	was a	standard	serological t	est for	syphilis p	erformed?	Yes	No
7 WEEKS		LBS. OZE	<del>'                                    </del>	ximate da	te 8 /14/	54 6	m	Ins	Tur	
CAUSE OF STILI		ZOE. PETAL CAUS	nes	na	lur	Z		·	39	7,5
State only morbid of causing fetal death of use such terms as a Prematurity, Asphyx	Stillbirth,	20b. MATERNAL	CAUSES			7		<del></del> -		-
							•			
21. STATE ANY COM	PLICATION	is of Pregnancy	AND LABOR	1	22. STATE ALL	OPERATIO	NS FOR DEL	IVERY		
I hereby certify	that I	23a. ATTENDA	NE'S SIGN	ATURE	(Specifix i	/ M. D. m	idwi <b>f</b> e, or oth	) (max)	23b. DATE SIG	NED .
attended the birth	of this	7	OK	11/0	0//		7	, , , , , , , , , , , , , , , , , , ,	1. 7	5/16
child who was bo on the date state		23c ATTENDANT	ADDRESS	VV X	ILNOT   24. S	SIGNATURE	OF AUTHO	RIZED OFFICIAL	<u>''' / 'V</u>	TITLE
at	m.	674	- m	<b>a</b>	attended by physician	<del></del>	<del></del>	<del></del>	•	,
25a. BURIAL, CRENTION, REMOVAL (1990)	A- 25b.	DATE	4		OR CREMATOR	Y 25d.		(City, town, or	• • •	(State)
Burlai	<u> </u>	oct 115, 19		Fores	<u> </u>	<u> </u>	Coeur	d'Allene	Idaho	
DATE REC'D BY LOC	AL REGI	STRAR'S SIGNATU		,	26. FUNERAL D	IRECTOR			DRESS	
10-28-54	104	arraine	K. 12/2	ush	Uzbert/ Y	#tes	Co€	eur d'Ale	ne, Ida	ho
,				$\varphi$	recent	yate	₩			
						<del>/</del>			<del></del>	<del></del>



PHS-797(VS) Thee			Standard Certificat		State File	No	7.8
FEDERAL SECURITY PUBLIC HEALTH SERVICE	<b>徳区EIV記</b> BTI	FICATE	OF STILLBIF	RTH		. No	3
TODAY TOLEMAN	OCT 22 1954	State of	Idaho		Reg. Dist.	No20	<i>O</i>
1. PLACE OF STILLE	RIDTH		2. USUAL RESID	ENCE OF MO	THER When	does mather li-	
	ivision of Vital Statistics		a. STATE Idak		L COUNTY	Benewah	
I UK	te limits, write RURAL and give township	)	c. CITY (If outside or		RURAL and give	township)	
TOWN M	OSCOW		Town Sant	a			
	t in hospital or institution, give street addr itman Hospital	or location)	d. STREET ADDRESS	(If rural, give lo	oation)		
3. CHILD'S NAME							
(Type or Print)	Baby Kincaid						
4. SEX 5a. TH	IS BIRTH	,5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DAT	E OF (Mont	th) (Day)	(Year)
Male sing	LE X TWIN TRIPLET	IST [	2ND 🗌	3RD STI	LBIRTH Oct	14	1954
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OF	RACE
	Elmo			Kincai	i, Jr.	White	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign	country)	11a. USUAL OCCUPAT	TON	11b. KIND OF	BUSINESS OR	INDUSTRY
34 YEA			Woodsman		Loggi	ng	
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR O	R RACE
NAME	Rhoda			Youngber		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign		16. CHILDREN PREVIO	DUSLY BORN TO 1	HIS MOTHER (	Do NOT inclu	de this child)
33 YEAI	RS Sandakan, No. Bo	orneo	a. How many chil- dren are now living?	b. How many born alive but as	children were	c. How man children wer (born dead af	y OTHER
17. INFORMANT			-7			(born dead an pregnancy)?	ter 20 weeks
	ncaid, Jr.			0		<i></i>	/
18a. LENGTH OF PREG- 1	8b. WEIGHT AT BIRTH 19 Was	a standard	serological test f	or syphilis p	erformed?	Yes.	No
04 WEEKS	2 LBS. /350ZS.   Appr	oximate dat	te 10-7-	54			
CAUSE OF STILLBIRT	H 20a. FETAL CAUSES					3	2 14
State only morbid condition	ns T						77
causing fetal death (do NO use such terms as Stillbirt Prematurity, Asphyxia, etc.)	b, 20b. MATERNAL CAUSES	7	. 1	$\mathcal{D}$			
		1 open	na of	Pregna	lacy		
21. STATE ANY COMPLICAT	IONS OF PREGNANCY AND LABOR		22. STATE ALL OPERA	TIONS FOR DELI	VERY		
- lope	ma .		n	one	/		
I hereby certify that	I 23a. ATTENDANT'S SIGN	NATURE	(8 postry if M. I	., midwife, or oth	er)	23b. DATE SH	GNED
attended the birth of the	d CAAACA	a. P	Rue M.	<i>N</i> .		()AF	7,1934
on the date stated about	THE 23 ATTENDANT'S ADDRESS	1	If NOT ZA. SIGNAT	TURE OF AUTHOR	RIZED OFFICIAL		TITLE
at	Talour Way	<u>K.                                     </u>	physician			· · · · · · · · · · · · · · · · · · ·	
TION REMOVAL (Breeffy)	•		OR CREMATORY	25d. LOCATION			(State)
_burial   1		cow Cem	etery	Moscov	7		Idaho
DATE REC'D BY LOCAL REG.	EGISTRAR'S SIGNATURE	_	26. FUNERAL DIRECTO	OR	AD	DRESS	
10/20/54	Jain 6 Ungel		1 Buil Re	to	Moscow	Idaho	
- '			· 0/ · · · · · · · · · · ·	<del></del>	•		

me the Time

PHS-797(VS) 4-48	CENTED	Standard Certificat	e) State File	No
FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE	REGENTIFICATE	OF STILLBIR	RTH Local Reg	
	NOV13 State o	f Idaho	Reg. Dist.	No. 6 3 0
1. PLACE OF STILLBIRTH	Division of Vital Statisti	2. USUAL RESID	ENCE OF MOTHER (When	e doss mother live?)
a. COUNTY Madison	Division or	a. STATE Ida	he b. COUNTY	Frement
b. CITY (If outside corporate limits, wri	te RURAL and give township)	C. CITY (If outside or OR	orporate limits, write RURAL and giv	e township)
TOWN Rexburg		TÖŴN	Parker	
HOSPITAL OR	or institution, give street address or location)  County Hospital	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME	Course Hospital	<u>"</u>		
((Type or Print)	BABY GIRL	ARCHIBALD		
4. SEX 5a. THIS BIRTH		TWIN OR TRIPLET (This	shild born) 6. DATE OF (Mon	th) (Day) (Year)
Female SINGLE	TWIN TRIPLET IST		SRD STILLBIRTHDER	15, 1954
7. FATHER'S a. (F	First) b. (Mide	ile)	c. (Last)	8. COLOR OR RACE
Robert	Archibald			White
	RTHPLACE (State or foreign country)	IIa. USUAL OCCUPAT	1 1123 11112 01	BUSINESS OR INDUSTRY
35 YEARS	Salem, Idaho	Farmer an	d Bookkeeper	
12. MOTHER'S a. (F MAIDEN NAME Mae R	First) b. (Midd Semingten	ile)	c. (Last)	13. COLOR OR RACE White
	RTHPLACE (State or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTHER	(Do NOT include this child)
26 YEARS	Barkar, Idaho	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
Token 1.	pehibald	1,	A	(born dead after 20 weeks pregnancy)?
18a. JENGTH OF PREG- 18b. WEIGH	TAT BIRTH   19 Was a standard	semiogical test f	or syphilis performed?	Vos V No
4/2 WEEKS 9 LBS.	3 OZS. Approximate da	te. A	1 15,1954	3 4
CAUSE OF STILLBIRTH	ETAL CAUSES			11.
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. M	Breech - Mnoxi	a secondary	, to prolonged	extraction of
use such terms as Stillbirth, 20b. M Prematurity, Asphyxia, etc.)	IATERNAL CAUSES		/4	रें अप •
	None.			
21. STATE ANY COMPLICATIONS OF P.	REGNANCY AND LABOR	22. STATE ALL OPER/	ATIONS FOR DELIVERY	
I hereby certify that I   23a. A	TTEMPANT'S SIGNATURE		)., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	15 land to an	ensit.	,	AB-19-54
on the date stated above 23c. Al	TTENDANT'S ADDRESS	INOT   24. SIGNAT	TURE OF AUTHORIZED OFFICIA	L TITLE
at m. R	ethura Idaho	attended by physician		
25a, BURIAL, CREMA- 25b. DATE TION, REMOVAL (Specify)	/ 25 NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
Burial 18 00		,	Parker, Idahe	)
DATE REC'D BY LOCAL REGISTRAR'	S SIGNATURE #	26. FUNERAL DIRECTO	OB AD	DRESS
10-19-54 Seo	ma Tlanen	MIN	maen St. A	nthony, Idaho
<u>'</u>				

was alle No. 18 to the Secretary of the second MAN TO BOARD motion to a selection of the selection o CONTRACTOR OF THE PROPERTY OF TOX TE CIRL ARCHIBALD TET THE PROPERTY OF THE PER COMMUNICATION OF THE PERSON OF THE RESERVE Waite " NOT THE STATE OF THE CONTRACT OF THE STATE O PROPERTY AND BOOK KARRON The state of the s the standard of the standard NAME OF THE PARTY CHARLE SO IS . THE WHAT HE WAS THE STREET THE PROPERTY OF THE PROPERTY O perer, 10390 M BINGERS LUCLES TO THE SEASON SON AND THE SEASON STATE OF THE SEASON STATE

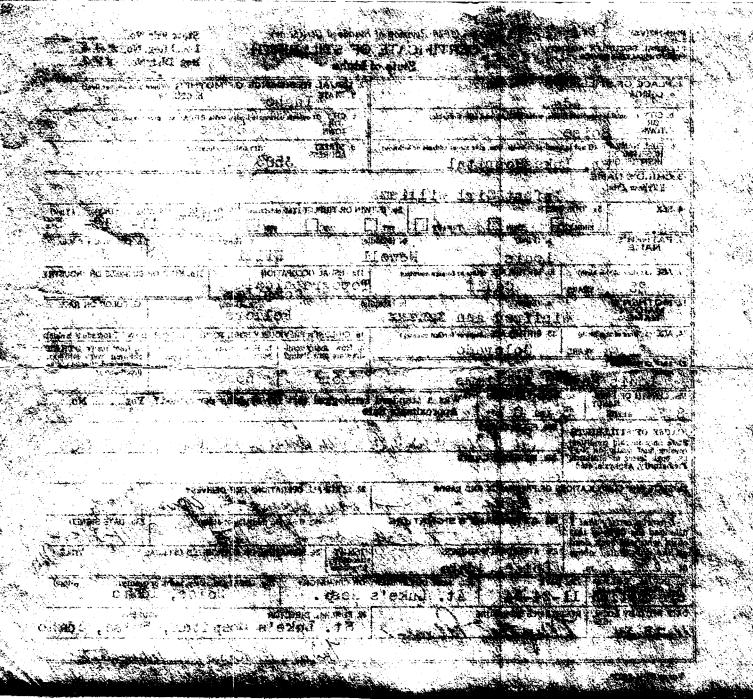
	•			
PHS-797(VS)	(1949 Revision of A	Standard Certificate)	State File	No. 180
FEDERAL SECURITY AVE				
PUBLIC H SEVICE	A State of		Reg. Dist.	No4.4.2
I PLACE NOV 1	)4		NCE OF MOTHER (Where	
a. COUNTY Vital	TH. Maristics TwinFal ls	a. STATE Idah	b. COUNTY of	win Falls
Dialelon or	#			
OR TOWN	mits, write RURAL and give township) Twin Falls	l OR	oorate limits, write RURAL and give	(township)
		d. STREET	Falls	<del></del>
HOSPITAL OR	valley Memorial	ADDRESS Rout	(If rural, give location)	
3. CHILD'S NAME				
((Type or Print)				
4. SEX 5a. THIS E	SIRTH 55. IF T	WIN OR TRIPLET (This chi	ld born) 6. DATE OF (Mon	th) (Day) (Year)
Male SINGLE	TWIN TRIPLET 1ST	2ND 39	STILLBIRTH Octo	ber 4 1954
7. FATHER'S	a. (First) (Middl		c. (Last)	8. COLOR OR RACE
NAME 💍	where Thom	cas of	( a divers	wite
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATA	N 11b. KIND OF	BUSINESS OR INDUSTRY
H YEARS	ank.	common to	Sov	
12. MOTHER'S MAIDEN	a. (First) b. (Midd		c. (Last)	13. COLORIOR BACE
NAME MO	concer ma	e m	rick	white
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOU	JSLY BORN TO THIS MOTHER	(Do NOT include this child)
36 YEARS	anos	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	120			(born dead after 20 weeks pregnancy)?
margaret	Mesull	9		7.
18a. LENGTH OF PREG- 18b.	WEIGHT AT BIRTH   19. Was a standard	serological test fo	r syphilis performed?	Yes. X. No.
26 WEEKS	LBS. OZS. Approximate dat		20, 1954	6
CAUSE OF STILLBIRTH	20a, FETAL CAUSES	<del></del>		29 6
State only morbid conditions	Not know	n		57.0
causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CAUSES	$\sim$		
Prematurity, Asphyxia, etc.)	Thone appa	erent.		
21. STATE ANY COMPLICATION	NS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	TIONS FOR DELIVERY	
		1/one		
I hereby certify that I	23a. ATTENDANT'S SIGNATURE	(Specify if M. D.	, midwife, or other)	23b. DATE SIGNED
attended the birth of this	Jay 111	Illoga.	MX	2 Nov. 195
child who was born dead on the date stated above	23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNAT	URE OF AUTHORIZED OFFICIA	IL TITLE
at 6:30 P. m.	313 Shoshow St. North	Dississa Tal	ls Fasho.	
25a. BURIAL, CREMA- 25b.	DATE 25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
TION, REMOVAL (Specify)				
DATE REC'D BY LOCAL REG	ISTRAR'S SIGNATURE	26. FUNERAL DIRECTO	OR AI	DDRESS
M_1 REG.	March M. V.	!		

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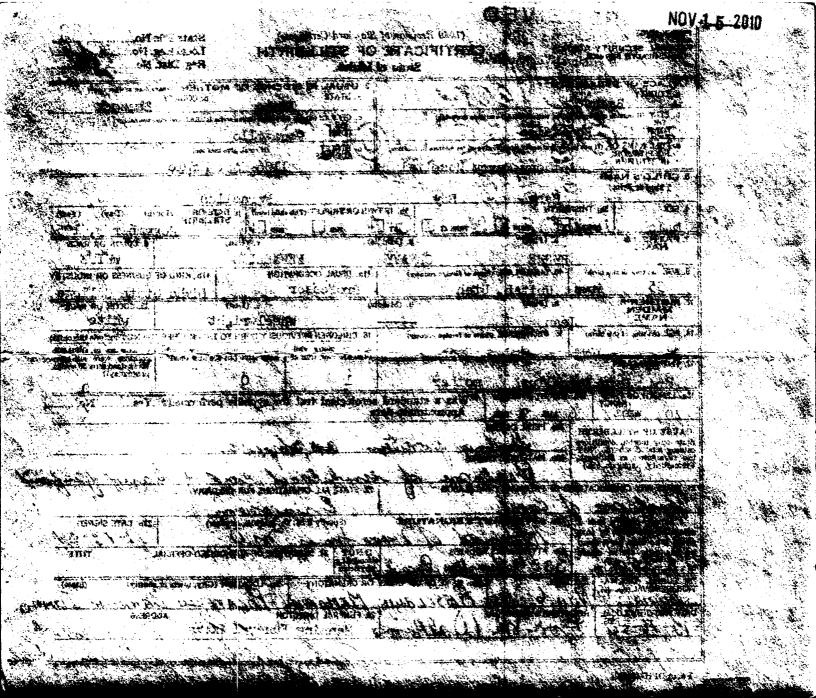
PHS-797(VS) 4-48	(1949 Revisi	on of Standard Certif	cate)	State File N	lo. 181
FEDERAL: SECURITY AGEN PUBLIC HEALTH SERVICE	CERTIFICA	TE OF STILLE	BIRTH	Local Reg. I	vo 426
TODETO HEALTH SERVICE	RECEIVE	he of Idaho		Reg. Dist. N	lo <i>370</i>
1. PLACE OF STILLBIR			DENCE OF MOT	THER (Where d	oes mother live?)
a. COUNTY Ada	Division of Vital Statisti	. CTATE		b. COUNTY	Ada
b. CITY (If outside corporate lin	nite, write RURAL and give township)	(if outer	de corporate limite, write F	tURAL and give to	
TOWN Boise		UR _UR	oise		
C. FULL NAME OF (If not in h	Alphoneus Hospital	d. STREET ADDRESS	(If rural, give loca	ation)	
	Alphonsus Hospital	ADDRESS	2128 Vista A	venue	
3. CHILD'S NAME					
(Type or Print) DEB	ORA GALE HUSS				
4. SEX 5a. THIS B	_ '	b. IF TWIN OR TRIPLET (	his child born) 6. DATE	OF (Month)	(Day) (Year)
Female single		1ST 2ND	3RD STILL	Novembe	r 12, 1954
7. FATHER'S NAME	a. (First) b.	(Middle)	c. (Last)	1	. COLOR OR RACE
		ayne	Huss		White
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)		1	11b. KIND OF B	USINESS OR INDUSTRY
22 YEARS	Diagonal, Iowa	Grocery		Grocer	<u> </u>
12. MOTHER'S MAIDEN	a. (First) b.	. (Middle)	c. (Last)	1	3. COLOR OR RACE
		Jane	Dious	1	White
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)			· · · · · · · · · · · · · · · · · · ·	NOT include this child)
20 <sub>YEARS</sub>	Emmett, Idaho	a. How many c	nil- b. How many cl ng? born alive but are	hildren were of now dead?	e. How many OTHER children were stillborn born dead after 20 weeks
17. INFORMANT		1	,	i i	born dead after 20 weeks bregnancy)?
- Mac W	Christ Bois		No		None
/ NANCY		dard serological te	t for syphilis pe	rformed? Y	es. No
TO WEEKS	LBS. OZS. Approxima	te date.	,		
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	Les X A	motored C	Day &	36,0
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	20b, MATERNAL CAUSES	we wo	ounce -	000	
Prematurity, Asphyxia, etc.)	200, MAI GANAL CAUSES				
21. STATE ANY COMPLICATION	S OF REGNANCY AND LABOR	22 STATE ALL O	PERATIONS FOR DELIV	/EDV	
AT WIN	The Internation with Enborr	,	cone.	·	
I hereby certify that I	230 ATTENDANT'S SIGNATUI	<del></del>	M. D., midwife, or other	-) [3	3b. DATE SIGNED
attended the birth of this	Mex.X II	In in the		"	11-18-51
child who was born dead on the date stated above	23c. AZ ENDANT'S ADDRESS	/ If NOT   24. Si	SNATURE OF AUTHOR	IZED OFFICIAL	TITLE
at m	Mise Ala	attended by physician	SHATURE OF AUTHOR	ILLO OFFICIAL	11142
25a. BURIAL, CREMA- 25b.	DATE   25c. NAME OF CEI	METERY OR CREMATORY	25d. LOCATION (	City, town, or co	unty) (State)
TION, REMOVAL (Specify) Burial 11	-15154 Cloverdal	e Memorial Par			Idaho
DATE REC'D BY LOCAL   REGI	ISTRAR'S SIGNATURE		ECTOR /	ADD	
11-24-54 REG. Y	nate talan	1 France	001/11/2	_	N. Latah
II-SIF	ingere in mes	RELYEA M	ORTUARY	bois	:
	<u> </u>	THULLIN III	VILL VAILE	5018	o, ruano

Sign star and sign The state of the s

PHS-797(VS)  RECEIVED (1949 Revision of FEDERAL SECURITY AGENCY.	Standard Certificate) State	File No.
PUBLIC HEALTH SERVICE NOV 2 100	OL SHITTDIKIL TOOM	Reg. No. #25 Dist. No. #20
		***
1. PLACE OF STILLBIRTH THE STATISTICS	2. USUAL RESIDENCE OF MOTHER	Where does mother live?)
Ada	a. STATE Idaho b. COUN	TY Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR	c. CiTY (If outside corporate limits, write RURAL an	d give township)
TOWN Boise	Town Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR	d. STREET (If rural, give location)	
HOSPITAL OR INSTITUTIONS L. LukesHospital	3503 Alpine	
3. CHILD'S NAME ((Type or Print) Infant Girl Williams		
4. SEX 5a. THIS BIRTH 5b. IF T	WIN OR TRIPLET (This child born) 6. DATE OF (	Month) (Day) (Year)
F SINGLE TWIN TRIPLET IST	2ND 3RD STILLBIRTH	11- 19- 54
7. FATHER'S a. (First) b. (Midd	le) c. (Last)	8. COLOR OR RACE
Louis Newel	l Williams	W
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)		D OF BUSINESS OR INDUSTRY
25 YEARS Calif	Topographical	
12. MOTHER'S a. (First) b. (Midd Maiden Name Winifred Ann ROMENS		13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTE	ER (Do NOT include this child)
21 YEARS Colorado	a. How many children voten are now living? born alive but are now dea	vere c. How many OTHER children were stillborn
I7. INFORMANT	both any both and both are now dear	(born dead after 20 weeks
Louas Newell Williams	none none	pregnancy)?
18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Was a standard	serological test for syphilis performe	d? Yes No
8 24 WEEKS 3 LBS. O OZS. Approximate da	te.	36.2
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphysia, etc.)  20a. FETAL CAUSES  White Control of the Control o	Premoture reparation	Placenta
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY	•
hong -	Law Jarden Del. Epi	sixtony
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	(Specify if M.D., midwig, or other)	23b. DATE SIGNED
child who was born dead on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT   24. SIGNATURE OF AUTHORIZED OFF	icial Title 2
at 8 P. m. Boise, Idaho	attended by physician	IM
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETERY CREMOVAL (8-645) 11-24-54 At. Luke's		n, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
11-23.54 / / lightle talmer	St. Luke's Hospital	, Boise, Idaho
<u> </u>	The B Ross,	adverstrater



R E	CEIVED	;				
PHS-797(VS) 4-48	FC 21 354	(1949 Revision of	Standard Certificat	e)	State File	No. 183
FEDERAL SECURITY	ANTHON T	CEDTIFICATE			Local Reg	7777
PUBLIC HEALTH SERVICE DIVISI	ion of Vital Statistic	State of	i Idaho		Reg. Dist.	No. 5/0
1. PLACE OF STILL	BIRTH		2. USUAL RESID	ENCE OF I	MOTHER (When	e does mother Hw/?)
a. COUNTY Banno	ck		a. STATE	laho	b. COUNTY	Bannock
b. CITY (If outside corpor OR	ate limite, write RURAL and	dve township)	c. CITY (If outside e		rite RURAL and give	
	ocatello		H	catello		
c. FULL NAME OF (II no HOSPITAL OR INSTITUTION CL	ot in hospital or institution, giv	e street address or location)	d. STREET ADDRESS	(If rural, give		
3. CHILD'S NAME	Anthony Merc	y Hospital		1106 Eas	t Maple	
(Type or Print)						
	Baby	Boy		Fernel	ius	
	HIS BIRTH	5b. IF T	WIN OR TRIPLET (This	hild born) 6, [	ATE OF (Mont	th) (Day) (Year)
	SLE DE TWIN	TRIPLET IST	ZND	SPRD .		rember 3, 1954
7. FATHER'S NAME	a. (First)	b. (Midd	ile)	c. (Last)		8. COLOR OR RACE
	BYRNE	CLEAVY	FE	RNELIUS		WHITE
9. AGE (At time of this birth)	10. BIRTHPLACE (84	ste or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR INDUSTRY
35 YEA		tah	Professor		Idaho S	State College
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	lle)	c. (Last)		13. COLOR OR RACE
NAME	Jean		W1	neelwrig	ht	white
14. AGE (At time of this birth)	15. BIRTHPLACE (84	te or foreign country)	16. CHILDREN PREVIO	DUSLY BORN T	O THIS MOTHER (	Do NOT include this child)
3/ YEA	rs Ogden.	Utah	a. How many chil- dren are now living?	b. How man	y children were t are now dead?	c. How many OTHER children were stillborn
17. INFORMANT						(born dead after 2? weeks pregnancy)?
Mrs. Jean F	<u>'ernelius</u>	mother_	1	0		
18a. LENGTH OF PREG- NANCY	18b. WEIGHT AT BIRTH	<sup>19</sup> Was a standard	serological test f	or syphilis	performed?	YesNo
40 WEEKS	6 LBS. 9 ozs.	Approximate dat	te.			36.0
CAUSE OF STILLBIRT	H 20a. FETAL CAUSES					
State only morbid conditions fetal death (do NO	7 Jul	a portu	m app	masica	_	
causing fetal death (do NC use such terms as Stillbir Prematurity, Asphyxia, etc.	th, 20b. MATERNAL CAL	SES //				
	Inst	one of	umhelica	I Post	d + h	and diside
21. STATE ANY COMPLICAT	TIONS OF PREGNANCY A	ID/LABOR //	22. STATE ALL OPERA	TIONS FOR D	ELIVERY	00
malapse	of Cord		Enia	in ton	•	
I hereby certify that		T'S SIGNATURE	(Specify if M. I	., midwife, or g	(her)	23b. DATE SIGNED
attended the birth of the	is ///ma	Il a.m.	or true	mD		11-18-54
on the date stated abo		DDRESS	If NOT   24. SIGNAT	URE OF AUTH	ORIZED OFFICIAL	
at 8:35 @? m.	1338 Yellow	untim Poss. I.	attended by physician			
25a. BURIAL, CREMA- 2 TION, BEMOVAL (Specify)	5b. DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATIO	N (City, town, or o	county) (State)
BURIAL	Vnv.6 1954	RESTLAWN	MEMARIA	$\mathcal{D}$	12	7
DATE REC'D BY LOCAL   F	REGISTRAR'S SIGNATURE	( )	26. FUNERAL DIRECTO			DRESS
12-16-54	Eva M.	Wallin	Manning l	_ 0	Home	55/0 In 12.
,				1/9/1	Carrie	Parties



			•				4 6 .
PHS-797(VS)			(1949, Regision of	Standard Certificat	e) St	ate File No.	184
FEDERAL SECUP		NCY	CERTIFICATE	OF STILLBI	RTH L	cal Reg. No	
PUBLIC HEALTH SE	FRAICE	NU	1 35 State of	i Idaho	Re	g. Dist. No.	
1. PLACE OF S	TILLBIF	TH Direct	of Vital Statistics	2. USUAL RESID	ENCE OF MOTH	ER (Where does	mother (ive?)
a. COUNTY	Banne	ck	•	a STATE		COUNTY	annock
b. CITY (If outsid		imite, write RURAL and	give township)		orporate limits, write RUR		
OR TOWN	Pocat	elle.		ii UK	catello		<b></b> <i>y</i> /
c. FULL NAME C			ve street address or location)	d. STREET	(If rural, give location	· · · · · · · · · · · · · · · · · · ·	
HOSPITAL OR INSTITUTION	Banno	ck Memoria	l Hospital	ADDRESS 24	O South 8th	•	
3. CHILD'S NA							
[[Type or Princ	t)	;	BABY BOY CAMPI	BELL			
4. SEX	5a. THIS			WIN OR TRIPLET (The	shild born) 6. DATE OF		(Day) (Year)
Male	SINGLE	TWIN .	TRIPLET 1ST	2ND	STILLBIF	N <b>ove</b> mbe:	A1
7. FATHER'S NAME		a. (First)	b. (Mide	lle)	c. (Last)	8. C	OLOR OR RACE
		Robert	Paul	<u> </u>	Campbell		White
9. AGE (At time of the	his birth)	10. BIRTHPLACE (8	tate or foreign country)	11a. USUAL OCCUPAT	TION 11b.	KIND OF BUS	INESS OR INDUSTRY
26	YEARS	Farga, No.	cth Dakota	Student		I.S.C	•
12. MOTHER'S MAIDEN		a. (First)	b. (Mide	lle)	c. (Last)	13.	COLOR OR RACE
NAME		Sharon	Gay]		Spires		White
14. AGE (At time of the	his birth)	15. BIRTHPLACE (8	tate or foreign country)		OUSLY BORN TO THIS	MOTHER (Do N	OT include this child
	2 YEARS	Lava Hot	Springs, Ida.	a. How many chil- dren are now living?	b. How many child born alive but are now	v dead?   chil	low many OTHER dren were stillborn
17. INFORMAN	Г					(Dot	m dead after 20 weeks mancy)?
Robert			ther	None	Two		Orae
18a. LENGTH OF PE	REG-   18b. NCY	WEIGHT AT BIRTH	<sup>19</sup> Was a standard	serological test	or syphilis perfo	rmed? Yes	No
21 WEEKS	: net		Approximate da	te.	49457	- 19=	54
CAUSE OF STIL		20a. FETAL CAUSES	None	frown.	1/	, , , , , , , , , , , , , , , , , , , ,	39
State only morbid causing fetal death use such terms as	(do NOT			1 120 0 0	<u>U</u>		
Prematurity, Asphy	xia, etc.)	20b. MATERNAL CA	None K	nown	(Habi	fual	Abertion
		S OF PREGNANCY		22. STATE ALL OPER	ATIONS FOR DELIVERY	ŕ	
Internitte	at bl	ceding si	10E 10 WKs.	2/1	tone		
I hereby certif		23a. ATTENDAN	IT'S SIGNATURE	(Specify if M. I	., midwife, or other)	23b.	DATE SIGNED
attended the birti child who was bo				11117	1111		11-12-59
on the date state		23c. ATTENDANT'S	ADDRESS	If NOT 24. SIGNA	TURE OF AUTHORIZED	OFFICIAL	TITLE
at 11:45 P	a_ m.	focatelle	o, Jaano	attended by physician			
25a. BURIAL, CREI TION, REMOVAL (Spe	eify)	DATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (City	, town, or count	ty) (State)
<u>Cremation</u>	11	8-54	Bannock Memor			.0,	Idahe
DATE REC'D BY LO		ISTRAR'S SIGNATUR	1)00.	26. FUNERAL DIRECT	OR A	ADDRES	

of the Registrated Sugador Companies Scate Mr. No. W. NEW INSTALL HAME CLIPS TO BRACHTERSY W. 18 . 25 E. THE STANTON OF STANTON the book of the street of the street of the street TO THE PARTY OF TH (2007) (2007) Julia 7) THE CHANGE OF A CHIEDRA A CONTRACT OF THE STATE OF THE STA THE REAL PROPERTY AND THE PARTY HE SEE WASH The contract Millians we seek the plante interior of the total a state of the charte THE NATE STORES TO THE WAR THE WAR OF THE STATE

4-48			Standard Certificate		State File	No.	<u> </u>
FEDERAL SECURITY AND PUBLIC HEALTH SERVICE	€13 954 CE	RTIFICATE	OF STILLBIF	<b>YTH</b>	Local Reg. Reg. Dist.		7
	n of Vital Statistics	State of					b-d
1. PLACE OF STILLBIR	TH		2. USUAL RESID	ENCE OF MO			
a. coonti Ben	ewah		a. STATE Ida	ho	b. COUNTY S	hoshon	<b>3</b> .
b. CITY (If outside corporate li	mits, write RURAL and give t	ownship)	C. CITY (If outside so OR	erponate limita, write			<del></del>
TOWN St	.Maries, Id	aho	Town Ca	lder, I	daho		
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION St. M.	hospital or institution, give stransport Hosp.	& Clinic	d. STREET ADDRESS	(If rural, give lo	cestion)		
3. CHILD'S NAME							
((Type or Print)	Baby			Farrel	1		
4. SEX 5a. THIS	BIRTH	5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DA	TE OF (Mont	h) (Day)	(Yest)
Male SINGLE		TRIPLET 1ST		3Rio   STI	NOA €	mber,	<b>29</b> , 1954
7. FATHER'S NAME	a. (First)	b. (Midd	le)	C. (Liabe)		8. COLOR OR	RACE
	Jack	Lym	ann	Farre	11	White	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or		11a. USUAL OCCUPAT	TON	11b. KIND OF	BUSINESS OR I	NDUSTRY
28 YEARS	St.Maries	, Idaho	Farmer		Agric	ulture	
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Midd		c. (Last)		13. COLOR OR	RACE
NAME	Olive	Loui	5 0	Dittma	n	White	
14. AGE (At time of this birth)	15. BIRTHPLACE (State o	r foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER (	Do NOT include	this child)
29 YEARS	St.Maries	Idaho	a. How many chil- dren are new living?	b. How many born alive but a	children were re now dead?	c. How many children were (born dead after	stillborn
Mrs. Jack	Farrell	Mother	2	-		programoy)?	-
18a. LENGTH OF PREG-   18b.			serological test f	or synhilis n	erformed?	Von X 1	1
377 WEEKS 6	LBS. 2 ozs.	Approximate da	July,	1954	CITOTINGS !		<b>****</b>
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	as al	flood	Augo	Qu	3	6,5
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	206. MATERNAL CAUSES	0.00	100	717	1	·	
21. STATE ANY COMPLICATION	IS OF PREGNANCY AND	LABOR	22. STATE ALL OPER	ATIONS FOR DEL	JVERY		
Mna	·		V				
I hereby certify that I	Za. ATTENDANT'S	SIGNATURE	(Specify if M. I	)., midwife, or oti	beer)	23b. DATE SIG	MED
attended the birth of this child who was born dead	1/20vao	M(1 - X)	dad	m.t	ا ـ د	12-1-	59
on the date stated above	23c. ATTENDANT'S ADD	RESS	If NOT 1. SIGNAT	TURE OF AUTHO	RIZED OFFICIAL		TILE .
at m.	St.M	aries.Ida	physician				
TION, REMOVAL (Breedly)	DATE 25c	NAME OF CEMETER		25d. LOCATION		tormity)	(State)
	OV . 30, 1754 A	t. marie	26. FUNERAL DIRECT		marie	O VA	<u>arro</u>
DATE REC'D BY LOCAL REG.	ISTRAR'S SIGNATURE	baches	Gerald	E Br		DRESS	maries.
					V	×	Seko

		· ·	**.			
PHS-797(VS)		(1919 Revision of	Standard Certificat	ta)	Clana - Tota	186
-48 FEDERAL SECURITY A		CERTIFICATE	•	•	State File Local Reg	
UBLIC HEALTH SERVICE				KIN	Reg. Dist.	
	RE	CEIVED		<del></del>		
1. PLACE OF STILLI	NI	OV10 34	2. USUAL RESID			dose mother live?)
Bingn	ISHIII		a. SIAIE Ida	ho	b. COUNTY E	lingham
b. CITY (If outside corpora	ate limite, write RUISCHES	Pol-Vital Statistics	c. CITY (If outside o	orporate limits, write	RURAL and give	township)
TOWN Black				ckf oot		
c. FULL NAME OF (If no HOSPITAL OR	ot in hospital or institution, giv	e street address or location)	d. STREET ADDRESS	(If rural, give loca	ation)	
INSTITUTION Bin	gham Memorial	. Hospital	Bir	d's Motel	Apt.#20	)
B. CHILD'S NAME						
(Type or Print)	NOT NAMED					
4. SEX 5a. TI	IIS BIRTH	,5b. IF T	TWIN OR TRIPLET (This	child born) 6. DATE	OF (Mont	th) (Day) (Year)
Male sing	SLE TWIN	TRIPLET IST	2ND	3RD STIL	LBIRTH	vember 2, 1954
7. FATHER'S NAME	a. (First)	b. (Midd		c. (Last)		8. COLOR OR RACE
NAME	Raymond	n Toa	ale	Mitchel	٦ ا	White
AGE (At time of this birth)			11a. USUAL OCCUPAT			BUSINESS OR INDUSTRY
19 YEA		e, Missouri	Laborer			h Factory
MOTHER'S	a. (First)	b. (Midd		c. (Last)	Doard	13. COLOR OR RACE
MAIDEN NAME	Darlene	Jov			_	
. AGE (At time of this birth)		ate or foreign country)		Severanc	IS MOTHER (	White Do NOT include this child)
16 YEA	I		a. How many chil-	b. How many c	hildren were	c. How many OTHER
IMPORMANT	- LIK KIVET	• TUATIO	dren are now living?	born alive but are	now dead?	children were stillborn (born dead after 20 weeks
Kou . O	D. 0. 4. 4	Pa & O Bathan	Mana	37		pregnancy)?
a. LENGTH OF PREG-   1	18b. WEIGHT AT BIRTH	Chell Father	None	None		None
Ba. LENGTH OF PREG- NANCY WEEKS	LBS. OZS.	<sup>19</sup> Was a standard Approximate da	serological test i te. June	for syphilis pe	rformed?	Yes. A. No
AUSE OF STILLBIRT	H 20a. FETAL CAUSES	110	·			26.5
tate only morbid condition	ms i	Unter	our.			2014
using fetal death (do NO se such terms as Stillbirt	b, 20b. MATERNAL CAL	JSES	· · · · · · · · · · · · · · · · · · ·		2	
rematurity, Asphyxia, etc.	" Prem	ture sex	karation	of bl	reent	e .
. STATE ANY COMPLICAT	TIONS OF PREGNANCY AL	ND LABOR	22. STATE ALL OPER	ATIONS FOR DELIV	ERY	<del></del>
		·	Ì			
I hereby certify that	I 23a. ATTENDAN	T'S SIGNATURE	(Specify if M. I	D., midwiss, or other	n	23b. DATE SIGNED
tended the birth of th	is y	1. Binne		1-51	"	
	1a 1———————————————————————————————————	the state of the s	TANON LOS CIONES	TURE OF AUTHORI	ZED OFFICIAL	November 8, 1
iild who was born dec	ve 23c. ATTENDANT'S	VODRESS // I	I II N O'T I ZA SUZMA:			
aild who was born dean the date stated above			If NOT 24. SIGNAT attended by physician	TURE OF AUTHORI	ZED OFFICIAL	. IIILE
aild who was born dean the date stated about	ve 23c. ATTENDÂNT'S 4 Blackfoo		attended by physician			
tild who was born dean the date stated about	ve 23c. ATTENDÂNT'S 4 Blackfoo	t, Idaho	attended by physician  Y OR CREMATORY	25d. LOCATION (C	City, town, or c	

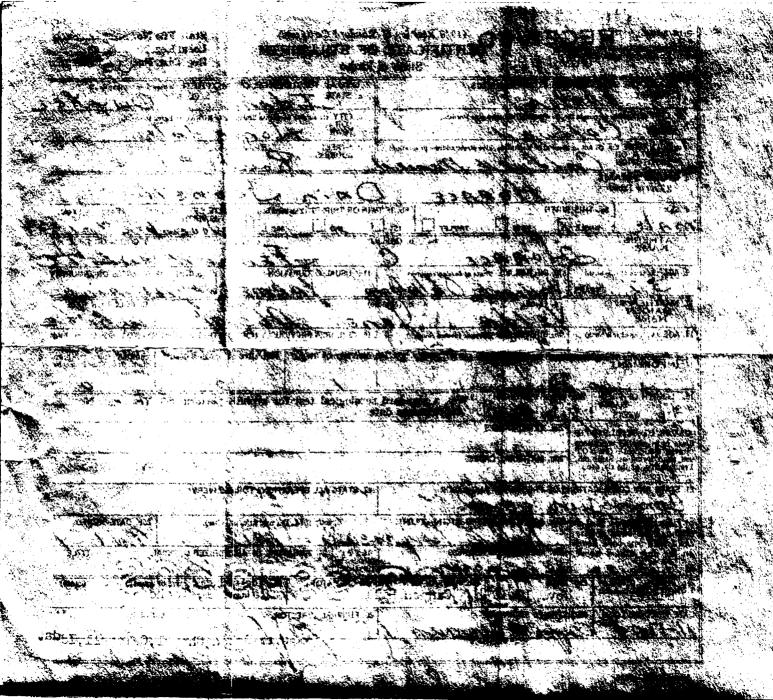
S. P. Sinner PO COM S TO BOTTOM STATE OF ST the real field of the state of The same of the sa

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PHS-797(VS)	ECEIVE	1949 Revision of	Standard Certificat	e) State File	No 187
FEDERAL SECURITY AG PUBLIC HEALTH SERVICE	ENANT 30 954C	ERTIFICATE	OF STILLBIR	RTH Local Re	z. No2.4.5
1)	_	C1 1 1	Idaho	Reg. Dist	No. 610
1. PLACE OF STILLB	sion of Vital Statis	tics		ENCE OF MOTUES	
a COUNTY			a. STATE Idah	DENCE OF MOTHER (When	Bonneville
b. CITY (If outside corporate	eville				
OR TOWN Idaho F		re cownights)	II OK	orporate limits, write RURAL and giv	e township)
C FILL NAME OF GENOLE	in homeltal on involved	steers address on to sail and	4 CTOPPE	laho Falls	
INSTITUTION dah	o Falls L.D	S. Hospit	al ADDRESS 132	East 13th St	reet
3. CHILD'S NAME ((Type or Print)	-				
	BAB	Y CRYSTAL			
	S BIRTH	5b. IF T	WIN OR TRIPLET (This	ohild born) 6. DATE OF (Mor	nth) (Day) (Year)
Male singli	E X TWIN	TRIPLET 1ST	2ND	STILLBIRTH NOV	. 13. 1954
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)	8. COLOR OR RACE
	Don	Vard	Crystal		White
9. AGE (At time of this birth)	10. BIRTHPLACE (Stat	e or foreign country)	Ha. USUAL OCCUPAT	TON 11b. KIND OF	F BUSINESS OR INDUSTRY
24 YEAR	s Garfield.	Idaho	Service S Attendant	Petr	oleum
12. MOTHER'S MAIDEN	a. (First)	b. (Midd		c. (Last)	13. COLOR OR RACE
NAME	Nona	Mardel	Frisk		White
14. AGE (At time of this birth)	15. BIRTHPLACE (State			DUSLY BORN TO THIS MOTHER	(Do NOT include this child)
22 YEAR	<u>s  Grant, I</u>	daho.	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	9-1				(born dead after 20 weeks pregnancy)?
744 /. Cu	jern		1	0	0
18a. LENGTH OF PREG- 19 NANCY	B. WEIGHT AT BIRTH	<sup>9</sup> Was a standard	serological test f	or syphilis performed?	Yes. No
WEEKS	LBS. OZS.	Approximate da	te luguet	1954	
CAUSE OF STILLBIRTH		G V	-+ 4.7-	5/1	- 4-1
State only morbid condition causing fetal death (do NOT	, <u> </u>	Cre- VI	eacury	3/2 44	o Cestallan
causing fetal death (do NOT use such terms as Stillbirth Prematurity, Asphyxia, etc.)	, 20b. MATERNAL CAUS	Exermal	ture Libor	- Sue Bla	enter Previol
21. STATE ANY COMPLICATION	ONS OF PREGNANCY AN	D LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
Humourk	ay e-		none	-	
I hereby certify that I		S S GNATURE	(Specify if M. I	)., midwife, or other)	23b. DATE SIGNED
attended the birth of this		Aldra	Idle M. S	•	11/20/54
on the date stated above	23c. ATTENDANT'S A	DDRESS	If NOT attended by physician	TURE OF AUTHORIZED OFFICIA	L TITLE
25a. BURIAL, CREMA- 256 TION, REMOVAL (Specify)	D. DATE 2	Sc. NAME OF CEMETERY	<u> </u>	25d. LOCATION (City, town, or	county) (State)
TION, REMOVAL (Specify)				Grant Jeffers	• • • • • • • • • • • • • • • • • • • •
	GISTRAR'S SIGNATURE	Taur Centr	26. FUNERAL DIRECT		DRESS
Mod. 24-1954	Ama B	hedgen.	Bruse a	Eckenel	Rigby. Idaho.
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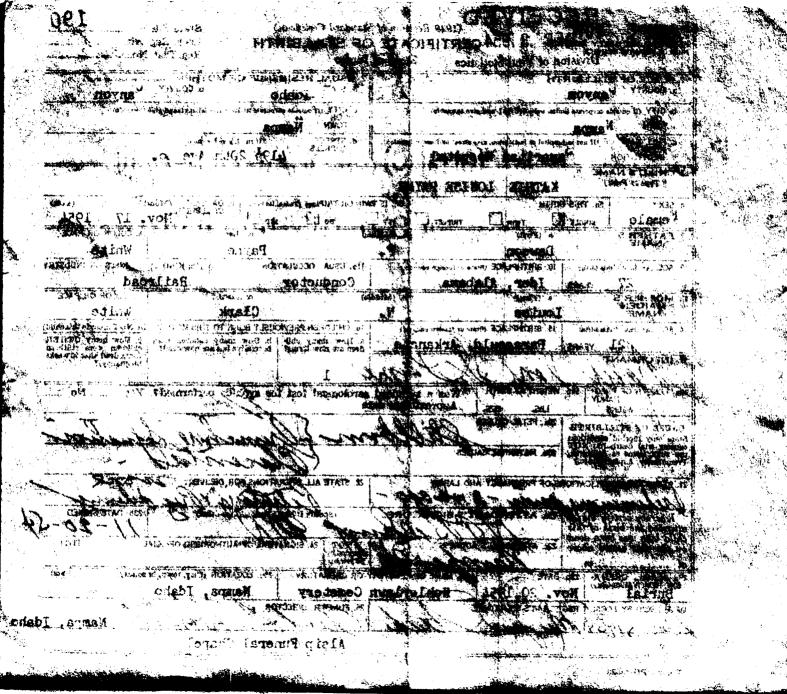
PHS-797(VS) RECEIVE CERTIFICATE OF STILLBIRTH FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICEN OV 22 954  State of Idaho  1. PLACE OF STILLBIRTH OF VItal Statistics a. COUNTY  A STATE  2. USUAL RESIDENCE OF MOTHER (Where does mother liver) b. COUNTY  b. COUNTY
1. PLACE OF STILLIBLE DE VITAL Statistics  State of Idaho  Reg. Dist. No. 3.4
CALLETON CONTRACTOR OF THE CON
a. COUNTY CANVA b. COUNTY b. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township) OR OR TOWN  C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN
No me da la
C. FULL NAME OF (if not in hospital or institution, give street address or location)  HOSPITAL OR INSTITUTION  OUF   March   M
3. CHILD'S NAME (Type or Print) HORACE DAIN JENNE!
4. SEX / 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year)
77 9 SINGLE X TWIN TRIPLET ST 2ND SRD NO COM BER 8 - 19
7. FATHER'S NAME  a. (First) b. (Middle)  C. (Last)  8. COLOR OR RACE  F. C. (Last)
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
32 YEARS Valliant-Oblahing YARMER JARMING
2. MOTHER'S a. (First) b. (Middle) c. (Last) 13. COLOR OR BLE
NAME VEIDA LEDE HOBOTT GOLD TE
AGE (At time of this birth)  15. BIRTHPLACE (State or foreign county)  16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
2 YEARS Rings - Old Judical a. How many children were c. How many officer were children were stillborn born alive but are now dead? (born dead after 20 weeks
pregnancy)?
Ba. LENGTH OF PREG. 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes
39 WEEKS   7 LBS. 4% OZS.   Approximate date
DAUSE OF STILLBIRTH 20a. FETAL CAUSES 36. O
tate only morbid conditions custing fetal death (do NOT 20b. MATERNAL CAUSES
rematurity, Asphyxia, etc.)
STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY
Compression y cord
I hereby certify that I 23 Attendant's signature (Specify if M. D., midwife, or other)  23b. DATE SIGNED  thended the birth of this hild who was born doad  WW 9-54
n the date stated above 200. AVIENDANT'S ADDRESS II NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
2 2 2 E Ko 7 an physician physician
ia. BURIAL CREMA- ION BURIAL CREMA- ION BURIAL CREMA- ION Nov. 10-1954 Canyon Hill Calldwell, Idaho  25d. LOCATION (City, town, or county) (State) Calldwell, Idaho
Durial Burlan Nov. 10-1954 Canyon Hill Calldwell, Idaho
Nov. 10-1994 Canyon Hill Calidwell, Idaho  PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS
ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  26. FUNERAL DIRECTOR  ADDRESS  26. FUNERAL DIRECTOR  ADDRESS
ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS
ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  1-17-5-4-EG.  Carres M. Menman  26. FUNERAL DIRECTOR  ADDRESS  A CARL DIRECTOR  ADDRESS



	RF	CEIVE	<b>D</b>				1 may 1, 1	. 4	& <b>S</b>
PHS-797(VS) 4-48		CLIVE	D <sub>(1949 Revision</sub>	of S	standard Certific	ate)	State File	No.	<u> </u>
FEDERAL SECUR		N <b>EC</b> 3.954	CERTIFICAT	E C	OF STILLB	IRTH	Local Res	z. No	
PUBLIC HEALTH SE	RVICE	- 0.00 T	State	a of	Idaho		Reg. Dist	No. 362	,
	017101	on of Vital Stat	stics						<del></del>
1. PLACE OF S		RTH			2. USUAL RES		MOTHER (When	re does mother live?)	
a. cookii C	anyon			_	a. STATE Ida	.ho	b. COUNTY	Canyon	
b. CITY (If outside	oorporate l	imits, write RURAL and	give township)		c. CiTY (If outside	o corporate limits, w	rite RURAL and giv		
OR TOWN Na	m 192		. •	ll ll		пра			
c. FULL NAME O		hospital or institution, si	ve street address or locatio	·	d. STREET	(If rural, giv	- landan		
HOSPITAL OR INSTITUTION		rcy Hospita	_	~	ADDRESS	320 Lone	•		
3. CHILD'S NA				<u> !!</u>		JEC DOILE	OUAL		
(Type or Print		TO ABSTOT A	9° 43			***			
	·	PAMELA	KA	Y	BH	YANT			
4. SEX	5a. THIS		, <b>5</b> b.	IF TW	IN OR TRIPLET (Th	is child born) 6.	DATE OF (Mor	th) (Day)	(Year)
Female	SINGLE	X TWIN	TRIPLET 15	sт 🗔	2ND 🗌	3RD 🔲 :	STILLBIRTH Oct	ober 22.	1954
7. FATHER'S		a. (First)		Middle		c. (Last		8. COLOR OR	
NAME		Donald	,-		•	Bryant	•	White	
0 ACE 44.4				<del></del> -				1	
9. AGE (At time of th			tate or foreign country)	1	11a. USUAL OCCUP			F BUSINESS OR I	NDUSTRY
23	YEARS	Golden, M	1880uri		Switchman	- R.R.	•   Union	Pacific	
12. MOTHER'S MAIDEN		a. (First)	b. (1	Middle	9)	c. (Last	)	13. COLOR OR	RACE
NAME	. 1	Bonnie				Horne	er	White	
14. AGE (At time of th	is birth)	15. BIRTHPLACE (8	tate or foreign country)	T	16. CHILDREN PRE				this child)
21	YEARS	Nampa. I	daho		a. How many chi	l- b. How man	v children were	<del>`</del>	
17. INFORMANT			- 71	<del>-</del>	dren are now living	born alive bu	it are now dead?	c. How many children were (born dead after	stillborn
		13	1/1//. 1		1	ļ		pregnancy)?	20 WOCAS
Janua	1/10	MA SIN	My may 2	·		_ !			
18a. LENGTH OF PR	EG-   18b.	WEIGHT AT BIRTH	19 Was a stands	ard s	erological (est	for syphilis	performed?	Yes. I	Voor
26 WEEKS		LBS. // OZS.	Approximate	date	• • •	mes 19.	54	•	36.1
CAUSE OF STILI	RIRTH	20a. FETAL CAUSES							
State only morbid of	maitions		Les Ital	PI.	<del></del>	Han	- tune	4.	
causing fetal death use such terms as i	(do NOT Stillbirth.	20b. MATERNAL CA	USES		CONUNCT OF THE PARTY OF THE PAR	1000	mund.	<del>')                                    </del>	<del></del>
Prematurity, Asphyx	da, etc.)	101	De Tour	V.,		100	and to	<b>.</b>	- 12/000
21 STATE ANY COM	DI ICATIO	NS OF PREGNANCY A	ND LIBOR	u	EMIN AL	me J	accuracy ;	naven h	WK KINW
AN STATE ANT COM		OF FREGNANCY F			22. STATE ALL OPE	RATIONS FOR E	PELIVERY ,	1-	, mag e
Mocenta	Sepe	ulum colt	econtatilive	<u> 21</u>	Char	tome	Hermon.	+ Exleri	tuin
I hereby certify	y that I	23a. ATTENDAN	IT'S SIGNATURE	:	(Specify if M	. D., midwice, or	other)	23b. DATE SIGN	NED /
attended the birth		dear	. ملار مع	لم	sature.	- 44 0	_	11- 23	5.54
on the date state		23c. ATTENDANT'S	ADDRESS	~	II NOT   24. AGN	ATURE OF AUT	HORIZED OFFICIA		TITLE
		Namba		a.	ttended by				Euglin
25. RIIDIAI CREN		DATE	25c. NAME OF CEME			az	NI (O)		(91.1.)
25a. BURIAL, CRENTION, REMOVAL (8pec						25d. LOCATIO	ON (City, town, or	county)	(State)
Burial	<u>  00</u>			awn	Cemetery	Nampa	a, Idaho		
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATURI	· / X	- 1	26. FUNERA DIRE	CTOR	$\frac{1}{2}$	DRESS	
They / 195	7	Mrs Lane	\//Ker	<b>6</b> }	Mas.	ナル	Wai 1	, A Mam	pa, Idah
			The state of the s	7	- you		-	11	
		<u> </u>			/ Alsip F	uneral Ch	napel //		
				V	· · · · · · · · · · · · · · · · · · ·	<del></del>			

Reg Law You And Addition Topics of the second of the se A TWY YES The second of the second second · \*\*\* How to some the desired some the sound of th BERGERS. THE ME Mar So hour : THE RESIDENCE OF THE PARTY OF T V man and Military and the production of the second Comment of the Control of the Contro To the second of DOT THE DATE OF THE

PHS-797(VS) 4-48 FEDERAL SECURITY AG PUBLIC HEALTH SERVICE DIVIS	CEIVED LEC 3 1954 CE ion of Vital Statistic	(1949 Revision of RTIFICATE ( State of		e) RTH		No. 362	90
1. PLACE OF STILLBI	RTH		2. USUAL RESID a. STATE Idah		THER (Where b. COUNTY	anyon	
C. FULL NAME OF (If not is	limits, write RURAL and give to hospital or institution, give att	reet address or location)	c. CITY (If outside so OR TOWN MAIN AND AND AND AND AND AND AND AND AND AN			township)	
3. CHILD'S NAME ((Type or Print)	amaritan Hosp KATHIE LOUI	ital SE PAYNE	4	19½ 20th	Ave So.		
4. SEX 5a. THIS single	TWIN .	TRIPLET IST		3RD	E OF (Monti LBIRTH NOV	17 19	
7. FATHER'S NAME	a. (First)  Dawson	b. (Midd F•	(e)	c. (Last) <b>Payne</b>		8. COLOR OR RA White	CE
9. AGE (At time of this birth)  27 YEARS	10. BIRTHPLACE (State of		11a. USUAL OCCUPAT	LION	11b. KIND OF	Business or ind	USTRY
2. MOTHER'S MAIDEN NAME	s. (First) Louise	b. (Midd <b>N</b> •	le)	c. (Last) Clark		13. COLOR OR RA	ACE
4. AGE (At time of this birth)  21 YEAR!  7. INFORMANT	15. BIRTHPLACE (State of Paragould)	Arkanaas	a. How many children are now living?	b. How many born alive but as		c. How many O'children were st (born dead after 20 pregnancy)?	THER illborn
Ma. LENGTH OF PREGNANCY WEEKS	LBS. OZS.	Was a standard Approximate da	serological test f	for syphilis p	erformed?	Yes No	36
OAUSE OF STILLBIRTH State only morbid condition causing fetal death (do NO? use such terms as Stillbirth Prematurity, Asphyxia, etc.)	s l	Stiller	m { /	remak	me s	fuelin	i
1. SEATE ANY COMPLICATION	Jame -21	vhago-	22. STATE ALL OFFER	ATIONS FOR DEL	NERY W	believery	
I hereby certify that a attended the birth of this child who was born dead on the date stated above	170	SIGNATURE DRESS	(Specify if Market of the Control of	TURE OF AUTHO	RIZED OFFICIAL	23b. DATE SHENE  // - 24  TI	7- S
TION REMOVAL (Specify)	b. DATE OV. 20, 1954	6. NAME OF CEMETERY  Kohlerlawn	physician   Y OR CREMATORY	25d. LOCATION	(City, town, or	county) (i	State)
	GISTRAR'S SIGNATURE	Steek	26. FUNERAL DIRECT		<del></del>	Namp	
= //	10	-	Alsip Fur	neral Char	pel ///		



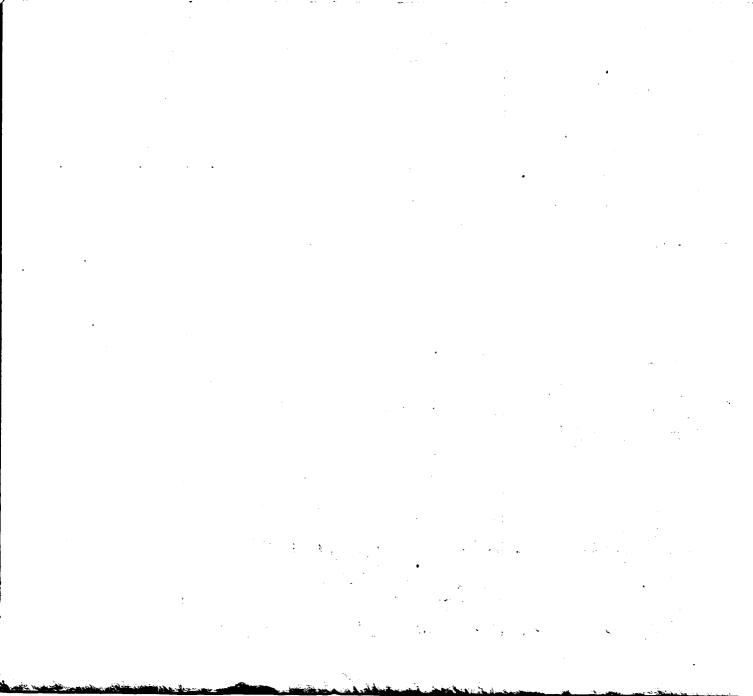
PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE	CERTWIEAPE	Standard Certificat  OF STILLBIF  Idaho	RTH Local	File No. 191 Reg. No. 2 Dist. No. 520- 52/
1. PLACE OF STILLBIRTH a. COUNTY	NOV Wital Statistic	2. USUAL RESID	ENCE OF MOTHER b. COU	MY Cariban
b. GTTY (If outside corporate limits, write RUIS) OR TOWN  c. FULL NAME OF (It sot in hospital of matieur HOSPITAL OR	ange	c. CITY (If outside or OR TOWN d. STREET ADDRESS	orporate limits, write RURAL a	nd give township)
3. CHILD'S NAME ((Type or Print)	at Special	taraca	٠٠٠٠	
A. SEX SINGLE SINGLE TWIN	TRIPLET IST		SRD STILLBIRTH	(Month) (Day) (Year)
7. FATHER'S NAME	John (Mide	dile)	c. (Last)	8. COLOR OR RACE
9. AGE (As time of this birth) 10. BIRTHPLA  YEARS RECEIVED	CE (State or loreign country)	11a. USUA OCCUPAT	11b. KU	D OF BUSINESS OR INDUSTRY
2. MOTHER'S a. (First) MAIDEN NAME  S.M.	b. (Mide	dle)	Banks.	13. COLOR OF RACE
4. AGE (At time of this birth) 15. BROTHPLA  YEARS	CE (State or foreign country)	a. How many chil-	b. How many children	HER (Do NOT include this child) were   c. How many OTHER
Oal One	es m	dren are now living?	born alive but are now de	were c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY  40 WEEKS  LBS.	OZS. 19 Was a standard Approximate da	serological test i	or syphilis perform	ed? Yes No.
CAUSE OF STILLBIRTH State only morbid conditions ausing fetal death (do NOT prematurity, Asphyxia, etc.)  206. FETAL Co	ubilical core	Crapple	l tophtly sho	out wek 36
11. STATE ANY COMPLICATIONS OF PREGNA		22. STATE ALL OPER	ATIONS FOR DELIVERY	
I hereby certify that I 23a. ATTENTIFICATION OF THE SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP	PANT'S SIGNATURE	(Specify if M. I	D., midwife, on other)	23b. DATE SIGNED //- 23-5"/
on the date stated above 23c. ATTIMENT	NT'S ADDRESS	If NOT attended by physician	TURE OF AUTHORIZED OF	
5a. Budial. CREMA- 25b. DATE TION SEMOVAL SPORTS  DATE REC'D BY LOCAL REGISTRAR'S SIGN.	250 NAME OF CEMETER 54 Lace Co	Y OR CREMATORY  MELLY  26. FUNERAL DIRECT	25d. LOCATION (City, tor	ADDRESS (State)

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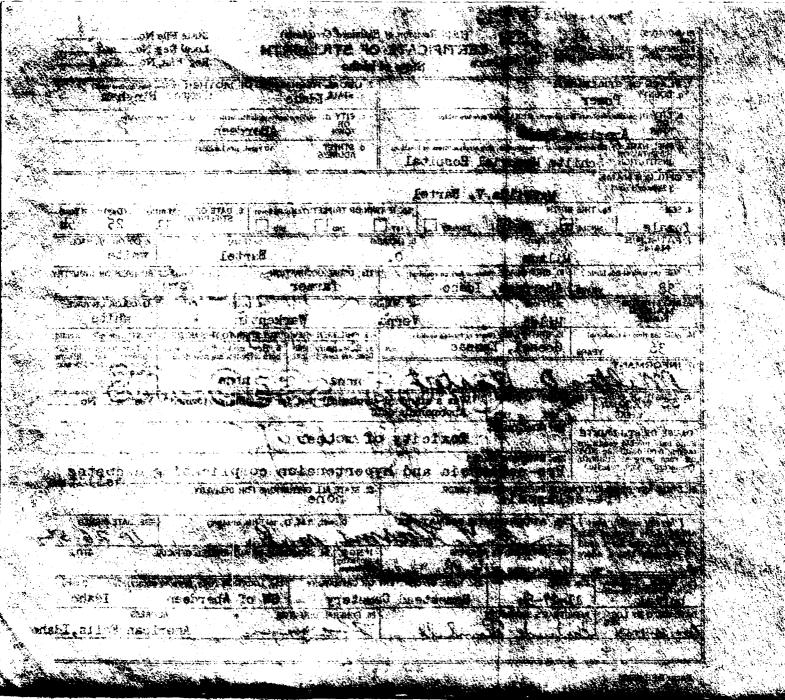
PHS-797(VS)			(1010 Panisian	of Standard Certificat	4.5		100
4-48 FEDERAL SECUR		NCY		E OF STILLBI		State File Local Res	
PUBLIC HEALTH SE	ERVICE	RECE	IVED State		KIL		No. 470
1. PLACE OF S	TILLBIF		7 1954	2. USUAL RESID	DENCE OF M	OTHER (Whee	- d
a. COUNTY	Caggi	<b>a</b>		ll a. STATE _	aho	b. COUNTY	Cassia
b. CITY (If outside	e corporate li	Division of V	ital Statistics	c. CITY (If outside o		e RURAL and give	
TOWN	Burl	ey		OR TOWN	Almo		•
c. FULL NAME O HOSPITAL OR INSTITUTION			give street address or location	d. STREET ADDRESS	(If rural, give l	ocation)	
3. CHILD'S NA		tage Hospi	TAL	11			
(Type or Print	:)	Da l	_	D		D	
4. SEX	5a. THIS	Baby	5b.	IF TWIN OR TRIPLET (This	ehild born)   6. DA	TE OF (Mon	rfee th) (Day) (Year)
Male	SINGLE	TWIN .	mi	T 2ND	3RD ☐ ST	ILLBIRTH	ember 19 1954
7. FATHER'S NAME		a. (First)	b. (A	Aiddle)	c. (Last)		8. COLOR OR RACE
		Cleon			Dur	fee	White
9. AGE (At time of the			(State or foreign country)	11a. USUAL OCCUPA	TION	l	BUSINESS OR INDUSTRY
36	YEARS	a. (First)	Idaho	Farmer		Fa	l'in
12. MOTHER'S MAIDEN NAME			D. (A	Middle)	c. (Last)		13. COLOR OR RACE
14. AGE (At time of th	is birth)	Opal 15. BIRTHPLACE	(State or foreign country)	16 CHILDREN PREVI		nes	Do NOT include this child)
311	YEARS	Almo.	Idaho	a. How many chil-	b. How many	children were	c How many OTHER
17. INFORMANT	7			dren are now living?	born alive but s	re now dead?	children were stillborn (born dead after 20 weeks
George	ulen	dem	o Idaha	4	2		pregnancy:
18a. LENGTH OF PR	EG/ 18b.	WEIGHT AT BIRTH	TV do a Brantin	rd serological test	for syphilis r	erformed?	YesNo
WEEKS		LBS. OZS	Approximate	date			
CAUSE OF STILI		20a. FETAL CAUS	es /	1 -			36.5
State only morbid causing fetal death use such terms as i	do NOT	20b. MATERNAL O		-one			
Prematurity, Asphys	ria, etc.)	200. MATERNAL	Hacen	to In	fare	<b>A</b> –	
21. STATE ANY COM	IPLICATION	S OF PREGNANCY	AND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	.IVERY	
	CON	2 '			220	re	•
I hereby certify attended the birth	of this	23a. ATTENDA	S SUCNATURE	(Specify if M.)	D., midwife, or oth	her)	23b. DATE SIGNED
child who was bo on the date state	rn dead d above	23c. ATTENDANT	S ADDRESS A	If NOT   24, SIGNA	TURE OF AUTHO	RIZED OFFICIAL	L TITLE
at 1006	m.	Burley	I daho.	attended by physician			
25a. BURIAL, CREM TION, REMOVAL (Spec	A - 25b.	DATE	•	ERY OR CREMATORY	25d. LOCATION	(City, town, or	county) (State)
Burial	NC		4 Sunny Ce	dar Rest	Alm	0,	Idaho
DATE REC'D BY LOC	CAL REGI	ISTRAR'S SIGNATU	RE	26. FUNERAL DIRECT	OR	0 2	DRESS 0 0 0
11-26-54		Juanno	Mason	Kem Big	Milall	achi B	usley- Ida
	- 0	<u></u>				*	0
			724				

then it should be the Call Micelet AND SALES AL PORT OF THE SALE Fared Stewarts Fillers TO Was at MEN Atti Consul SAN TERM OF SOMERIES SO CAPANIAN CHARLEN STREET AT THE CHIEF SEP RED. TO THE RESIDENCE OF THE PARTY O TARMO teen xubs

FEDERAL SECURITY AGENCY RECEIRMED  NOV 27 1954				State File Local Reg Reg. Dist.	. No
PLACE OF STILLBIRTH     a. COUNTY     Madison     b. CITY (If outside corporate limite, write RURAL and give township)	ict	2. USUAL RESID a. STATE	Idaho	b. COUNTY	Teton
TOWN Rexburg, Idaho		c. CITY (If outside or OR TOWN Te	tonia (R	ural)	e township)
c. FULL NAME OF (If not in hospital or institution, give street address or I HOSPITAL OR INSTITUTION Madison Memorial Hospita		d. STREET ADDRESS	(If rural, give to miles So	-	E. 4 mileSo.
3. CHILD'S NAME ((Type or Print)  Buby	7	Lancer			
4. SEX 5a. THIS BIRTH  male SINGLE TWIN TRIPLET  TRIPLET	5b. IF TV	WIN OR TRIPLET (This c	hild born) 6. DAT	LLBIRTH	th) (Day) (Year) rember 2 1954
7. FATHER'S a. (First) Neils Jense Le <sup>R</sup> or	<b>b. (Midd</b> l Y	le)	c. (Last) Hans	en	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign counts  16 YEARS Tetonia Tdaho	ry)	11a. USUAL OCCUPAT	ION		BUSINESS OR INDUSTRY
12. MOTHER'S a. (First) MAIDEN NAME Hazel	b. (Middl		c. (Last)		13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country 37 YEARS Tuckwilla, Wash.	ry)	16. CHILDREN PREVIO	DUSLY BORN TO  b. How many born alive but a		Do NOT include this child)
17. INFORMANT HOLLES THE	er	2	O DOITH MINE DULK	re now dead?	children were stillborn (born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREd-NANCY 18b. WEIGHT AT BIRTH 19 Was a star weeks 6 LBS. 13 20zs. Approxim	andard s nate dat	serological test f	or syphilis p	erformed?	Yes No
OAUSE OF STILLBIRTH 20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT			<del> </del>		34,6
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	wi	the plan	estel !	sesen	tion
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERA	TIONS FOR DEL	IVERY L	
I hereby certify that I attended the birth of this child who was born dead	The		., midwife, or oth	er)	23b. DATE SIGNED
on the date stated above at		If NOT 24. SIGNAT attended by physician	TURE OF AUTHOR	RIZED OFFICIAL	L TITLE
258. BURIAL, CREMA- 256. DATE TION, REMOVAL (Specify) 11/2/54 Cache	EMETERY	OR CREMATORY	254 LOCATION	(City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAP'S SIGNATURE RE		26 FUNERAL DIRECTO	Se K	04 2/	ansen
, , /		0	<del></del>		<del></del>



-	RE	CEIVE	D					
PHS-797(VS)	DE			Standard Certificate	e)	State File	No.	<i>j G</i>
FEDERAL SECUR PUBLIC HEALTH SE	HXAGE	NCY.	CERTIFICATE	OF STILLBIR	ŔТН		No. 29	***********
PUBLIC HEALTH SE	EMMARATO !	n of Vital Statis	stics State o				No. 50	<u> </u>
1. PLACE OF S	THEBI	OTU .						
COUNTY	·	XIII		2. USUAL RESID	ENCE OF MO	DTHER (When	e does mother live? Bingham	)
	ower				·			
! OR	le corporate l	imite, write RURAL an	d give township)	C. CITY (If outside co			e township)	
		n Falls		TOWN	Aberdee	n		
I RUSPITAL UK			give street address or location)	d. STREET ADDRESS	(If rural, give lo	ocation)		
INSTITUTION	Schi	ltz Memori	al Hospital					
3. CHILD'S NA (Type or Print								
Il Type of Trim	· ·	Mathilda	V. Bartel					
4. SEX	5a. THIS	BIRTH	,5b. IF 1	TWIN OR TRIPLET (This o	hild born) 6. DA	TE OF (Mon		(Year)
female	SINGLE	TWIN .	TRIPLET IST		3RD   S11	LIBIRIH 11	L 25	54
7. FATHER'S NAME		a. (First)	b. (Mide	ile)	c. (Last)		8. COLOR OR	RACE
NAME		Milton	0.		Bartel	•	white	
9. AGE (At time of the	his birth)	10. BIRTHPLACE	State or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR	INDUSTRY
38	YEARS	Aberdeen,	, Idaho	farmer		farmi		
12. MOTHER'S MAIDEN		a. (First)	b. (Mide	ille)	c. (Last)	·	13. COLOR OR	RACE
NAME		Hilda	Verna	a Wax	rkentin		white	•
14. AGE (At time of the	his birth)	15. BIRTHPLACE	(State or foreign country)	16. CHILDREN PREVIO		THIS MOTHER	(Do NOT include	a this child)
36	YEARS	Goesel, F	(an sa s	a. How many chil- dren are now living?	b. How many born alive but a		c. How many	OTHER
17. INFORMAN	Τ,			dren are now hving;	Dorn alive but a	re now dead?	children were (born dead afte	stillborn r 20 weeks
Mil	ton	D. 17	antol	none	none	)	pregnancy)?	
18a. LENGTH OF PE	REG   18b.	WEIGHT AT BIRTH	19 Was a standard	serological test f	on symbilia v	arformed ?		No
JO W K.SNA WEEKS		A LBS. A OZS.		ite	or sypinis p	eriormed :	1esA	.,10
CAUSE OF STIL	<del></del> -	20a. FETAL CAUSE	S	<del></del>				रत. 2
State only morbid	conditions	1	Toxicity	of mother				2010
State only morbid causing fetal death use such terms as	(do NOT Stillbirth,	20b. MATERNAL C	AUSES		<del></del>			
Prematurity, Asphy:	xia, etc.)	Pre-ecla	ampsia and h	ypertensio	n compl	icating	g diabe	tes
21. STATE ANY COL	APLICATIO	NS OF PREGNANCY	AND LABOR	22. STATE ALL OPERA			mel	litus
F	re-e	clampsia		none	ATIONS TON DE			
I hereby certif	a that T	23a. ATTENDA	NT'S SIGNATION	(Coords if M. T	D., midwife, or oth		23b. DATE SIG	NED
attended the birti		- 4	THE TENS	· • •	J., ILIOWIB, OF OIL	Jet)	11-2	
child who was be	orn dead	23c. ATTENDANT'S	- ADDOCCC	ms m.	<u>.                                    </u>			
on the date state		· ·	£ 00 00 0	attended by	TURE OF AUTHO	KIZED OFFICIA	L	TITLE
250 RIIDIAI CDEI	77.	DATE	25c. NAME OF CEMETER	physician	25. 1004710	/Olb 4		(Q4+4+)
25a. BURIAL, CREI	edfy)		4		25d. LOCATION			(State)
burial		1-27-54	Homestead C		SW of A			aho
	REG.   (),	ISTRAR'S SIGNATUI	P 2 · 00	26. FUNERAL DIRECT	OR •		DRESS	
1100.26-1954	والخرا	strude 11	combell	11/20		Amer	ican Fal	Is, Idaho



RECEIVED	Standard Certificate) State File	195
SEDERAL SECURITY ACTIVITY ACTI	Standard Certificate) State File OF STILL BIRTH Local Reg.	
		No. 4 6 0
	Idano	
1. PLACE OF STILLBIRTH a. COUNTY	2. USUAL RESIDENCE OF MOTHER (Where a. STATE 6. COUNTY	does mother live?)
1 win + alla	- dano	Iwin Fall
b, CITY (If outside corporate limits, write RURAL and give township) OR	c. CITY (If outside corporate limits, write RURAL and give	township)
TOWN Tuem Falls.	TOWN Bull	<del></del>
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION HOSPITAL OR HOSPI	d. STREET (If rural, give location) ADDRESS	- Bull.
	. 309 - 986. av.	- Idual.
3. CHILD'S NAME ((Type or Print) Baling Bang Mark	Hama	
1000	news_	
	WIN OR TRIPLET (This child born) 6. DATE OF (Mont	h) (Day) (Year)
male   SINGLE   TWIN   TRIPLET   1ST	ZND SRD (Tab)	8. COLOR OR RACE
7. FATHER'S a. (First) b. (Middl	·	
Robert N.	Matthews	W.
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION 11b. KIND OF	BUSINESS OR INDUSTR
24 YEARS Ukish Calif.		13. COLOR OR RACE
12. MOTHER'S a. (First) b. (Middle MAIDEN NAME	c. (Last)	W.
	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (	
0, 00	a. How many chil- b. How many children were	c. How many OTHE
7 YEARS BOUSE STATE.	dren are now living? born alive but are now dead?	children were stillbor (born dead after 20 week
mother ma Poll muther		pregnancy)?
	serological test for syphilis performed?	Yes No
20 WEEKS LBS. OZS. Approximate dat	gerological test for syphims performed:	10
20. FETAL CAUSES		39.6
CAUSE OF STILLBIRTH State only morbid conditions	gun	صرر د
State only morbid conditions causing Stal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES		
Prematurity, Asphyxia, etc.)	vn_	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY	
i		
I hereby certify that I 239, ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or other)	23b. DATE SIGNED
attended the birth of this	derson m.D.	11-5-54
child who was born dead on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT   24. SIGNAFURE OF AUTHORIZED OFFICIA	L TIPLE
at m.	attended by physician	
25a. BURIAL, CREMA- TION, REMOVAL (8) ped(y) 25b. DATE 25c. NAME OF CEMETER)	OR CREMATORY   25d. LOCATION (City, town, or	county) (State)
TION, REMOVAL (Specify)		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR AL	DDRESS
Nov. 15. 1954 Starl Milson		
Maby disposed of Wrots	a Creed, mo, Path	alogist
INSTITUTE OF STREET OF STREET		

Court Aug Flow NOTTHE COMMENTION BELLIAMES CLE PERMISSE W. CHENRED SERVICES FOR COURT WITH SERVICE MERCANDE HAND THEN THE BUTTON TO A THE STREET OF THE Solit from when the second There are standing to leaf leaf performed a service performed? OFFICE STATE OF - نها جودني B. F. HARLI MELLA

3 hours of Standard Care

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PHS-797(VS) 4-48 FEDERAL SECURI PUBLIC HEALTH SE	TY AGEN	REC	ENTERNIE	Standard Certificat OF STILLBIF of Idaho		State File Local Reg Reg. Dist.	. No	27 27
b. CITY (If outside	hingt	1101	23 1954 of Vital Statistics sive township)	c. CITY (If outside o		b. COUNTY	Payette	ive7) Э
INSTITUTION	Weis	er Memorial	re street address or location) Hospital	d. STREET ADDRESS /5/	(If rural, give lo	ave.	South	,
3. CHILD'S NAM ((Type or Print)		GERATI	)	JENNINGS				
1	5a. THIS I		,5b. IF	TWIN OR TRIPLET (This	shild born) 6. DAT	TE OF (Mont		
Male	SINGLE		TRIPLET 1ST	2ND	3RD 🔠	Nov	. 12,	
7. FATHER'S NAME	_	a. (First)	b. (Mic	ldle)	c. (Last)		8. COLOR (	
		homas	J.		Jennings		White	<b>3</b>
9. AGE (At time of this	e birth) YEARS	Chicago, I	late or foreign country)	11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS O	R INDUSTRY
12. MOTHER'S MAIDEN	<del></del>	a. (First)	b. (Mic		c. (Last)		13. COLOR	OR RACE
NAME		Lela	alen	e	Rhodes		White	
14. AGE (At time of this	birth)	15. BIRTHPLACE (8)	tate or foreign country)	16. CHILDREN PREVIO		THIS MOTHER (		ude this child)
17. INFORMATI	YEARS		Nebraska	a. How many children are now living?	b. How many born alive but a	children were	c. How ma	ny OTHER ere stillborn after 20 weeks
	mu	y fluin	ungo	<u> </u>	0		<u> </u>	1
184. LENGTH OF PRE NAN WEEKS	G 181	WEIGHT AT BIRTH  SLES. 3 02S.	Approximate d	serological test in the serolo	or syphilis p	erformed?	YesX	No. 36, 2
CAUSE OF STILL State only morbid or causing fetal death (cuse such terms as 8	mditions	20a. FETAL CAUSES	rematuro	Signat	can	Stores	ula	
Prematurity, Asphyxi	a, etc.)	20b. MATERNAL CA	FH. 70	etar.	/			
21. STATE ANY COMP	LICATION Section	IS OF PREGNANCY A	ND LABOR	22. STATE ALL OPERA	ATIONS FOR DEL	IVERY		
I hereby certify	that I	234 1777	T'S SIGNOTURE	(Specify if M. I	)., midwife, or oth	ier)	23b. DATE S	IGNED
attended the birth child who was bor		MUSOI	Church	1114		M.D.	Nov. 1	13, 1954
on the date stated at 11:25	above m.	Weiser, Id		If NOT attended by physician	TURE OF AUTHOR	RIZED OFFICIAI	L	TITLE
25a. BURIAL, CREM TION, REMOVAL (Special REMOVAL)	A- 25b. <sup>(4y)</sup> 11,	DATE /13/1954	25c. NAME OF CEMETER Riverside Ce		25d. LOCATION Payette,		county)	(State)
DATE REC'D BY LOC		STRAR'S SIGNATURE		26. EUNERAL DIRECT	OR S.D	OO D	DRESS yette,	Tdobo
11-13-54	yu	ere Ha	ulhon)	194fork	K. of May	fer ra	yerre,	-aano
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PHS-797(VS)  RECEIV (E4Devision of A-48 FEDERAL SECURITY AGENCY DEC 18 CESTIFICATE PUBLIC HEALTH SERVICE	OF STILLBIF	s) State Fik RTH Local Reg. Dist	z. No. 457
Dr. Herbert L. Birtson Vital Statistics			
I. PLACE OF STILLBIRTH a. COUNTY Ada	a. STATE _	ENCE OF MOTHER (When	
b. CITY (If outside corporate limits, write RURAL and give township)		ish o	Ada
OR TOWN Boise	TOK.	erporate limits, write RURAL and giv	re township)
c. FULL NAME OF (If not in hospital or institution, give street address or location)	<u></u>	oise	
HOSPITAL OR INSTITUTION St. Lukes Hospital	d. STREET ADDRESS	(If rural, give location) 526 Vermont Avena	110
3. CHILD'S NAME		200 VOI MONO VOIN	<u> </u>
((Type or Print)  BABY BOY CROS	SLEY		
	WIN OR TRIPLET (This	hild born) 6. DATE OF (Mon	nth) (Day) (Year)
Male SINGLE X TWIN TRIPLET IST	1 [7	T   STILLBIRTH	mber 4. 1954
7. FATHER'S a. (First) b. (Midd	le)	c. (Last)	8. COLOR OR RACE
Douglas Wallc Wall	ace	Crossley	Whi to
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	TON 11b. KIND OI	F BUSINESS OR INDUSTRY
22 YEARS Nounan, Idaho			
12. MOTHER'S a. (First) b. (Midd MAIDEN	le)	c. (Last)	13. COLOR OR RACE
NAME Patribia		Wilmot	White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTHER	(Do NOT include this child)
22 years Boise Idaho	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	O	0	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF REG- 18b. WEIGHT AT BIRTH 19 Was a standard Approximate day	serological test f	or syphilis performed?	YesNo
0 3 HELD 1 0 LD. 025.	tie Blees	tel	30,4
causing fetal death (do NOT	7 11 11	<i>i.</i> ( // 2 · ·	
Prematurity, Asphyxia, etc.)	e hephritis,	with lifertener	in.
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
I hereby certify that I 2a. ATTENDART'S SIGNATURE attended the birth of this	(Specify if M. I	)., midwife, or other)	23b. DATE SIGNED  1 2 . 6 . 5 - 4
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT   24, SIGNA	TURE OF AUTHORIZED OFFICIA	
at P. m. Daid, Odeke	attended by physician	or	
25a. BURIAL, CREMA- TION REMOVAL (Speedty) DEC 6 1954 Cloverdale Me		25d. LOCATION (City, town, or Boise, Ada,	recounty) (State) Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT		DDRESS
12-14-54   //liple / lines	wstill		18 N. Latah
	RELYEA MOR	TUARY Y B	oise, Idahe

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The state of the s					***	
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		S. M.			and the same of	

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PHS-797(VS)	4 34 V		L. 196	(1949 Revi	sion of	Standard Ce	ertificate	<b>;</b> )	State File	No	198
FEDERAL SECURIT	Y AGEN	PAT IV	ECE	RTIFIC	ATE	OF STIL	LBIF	NT9	Local Reg	No. 4.78	7
PUBLIC HEALTH SERV	JA	N 3 135	5			Idaho			Reg. Dist.	No. 370	***************************************
1. PLACE OF ST	WHO	ref Vital Si	etistics				RESID	ENCE OF MO		does mother live?	")
a. COUNTY Ad	a					a. STATE	Td	laho	b. COUNTY	Ada	
b. CITY (If outside or OR	orporate lin	nite, write RURA	L and give t	ownship)		c. CITY (If		rporate limits, write	RURAL and give		
TOWN -	ise					OR TOWN	Bo	ise			
c. FULL NAME OF HOSPITAL OR	(If not in h	nospital or institut	tion, give str	est address or lo	cation)	d. STREET ADDRES	-	(If rural, give lo	eation)		
INSTITUTION S		lphonsus				ADDRES	<b>4</b> 0	)16 Albio	n		
3. CHILD'S NAM	E										
((Type or Print)	BA	BY BOY F	PEARSO	)N							
4. SEX 5	a. THIS E			<u> </u>	,5b. IF T	WIN OR TRIPL	ET (This o	hild born) 6. DA	TE OF (Mon	th) (Day)	(Year)
Male	SINGLE	X TWIN		TRIPLET	1ST [	2ND	]		LLBIRTH De cember	19, 195	i <b>4</b>
7. FATHER'S NAME		a. (First)		·	b. (Midd	le)		c. (Last)		8. COLOR OR	
142141		Lynn			Alde	n		Pears	on	White	
9. AGE (At time of this	birth)	10. BIRTHPLA	CE (State o	r foreign countr		11a. USUAL	OCCUPAT			BUSINESS OR	INDUSTRY
25	YEARS	Belle	Furch	. Soutl	h D.	Sales	man		Drugs		
12. MOTHER'S MAIDEN		a. (First)			b. (Midd	ile)		c. (Last)		13. COLOR OF	RACE
NAME		Kethles			Mae			Nellis	t	White	
14. AGE (At time of this	birth)	15. BIRTHPLA	CE (State o	er foreign countr	r <b>y</b> )	16. CHILDRE	N PREVIO	DUSLY BORN TO	THIS MOTHER (	(Do NOT includ	e this child)
24	<b>JEARS</b>	Spoker	ne. Wa	shingt	on	a. How man	ny chil-	b. How many born alive but a	children were re now dead?	c. How many children were	OTHER
17 INFORMANT		Y	, .							(born dead after pregnancy)?	# 20 weeks
Victor	معا	<u> Л. и</u>	1 Cer	u		0)		0		و ا	
18a. LENGTH OF PREC		WEIGHT AT BI	RTH 19.	Was a sta	indard	serological	l test f	or syphilis p	erformed?	Yes.	No
WEEKS		LBS.	ozs.	Approxim	ate da	te					
CAUSE OF STILLE	BIRTH	20a. FETAL C	AUSES /	. 1	-1	1		V >	/ -		76.0
State only morbid con	aditions	,		ma	OD	rur 4	UCL	£ 2:	trues	محصور و	8 C
causing fetal death (duse such terms as St Prematurity, Asphyxia	illbirth,	20b. MATERN	AL, CAUSE	5 ()	1						
1 tomatarity, 120pmy 222	, 515										
21. STATE ANY COMP	LICI/TIO	S OF PREGNA	NCY AND	(LABOR)		22. STATE A	L. OPER	ATIONS FOR DEL	.IVERY		
		some _		<u> </u>		0	237	سعد			
I hereby certify		23a. ATTEN	IDAY T'S	SIGNAT	JRE	/ (Spec	M. I	D., midwife, or ot	her)	23b. DATE SIG	NED
attended the birth c child who was born				ofre)	2/	W. K		6082		12-2	3-54
on the date stated		23c. TENDA	NT'S ADD	ASS /	,	If NOT 2	A. SIGNA	TURE OF AUTHO	RIZED OFFICIA	L	TITLE
at	, m.	Bors	e, e	Hah	<i>~</i>	physician					
25a. BURIAL, CREM/ TION, REMOVAL (Specific	A- 25b.	DATE	250	. NAME OF C	EMETER	Y OR CREMAT	ORY	25d. LOCATION	(City, town, or	county)	(State)
Cramation		-23-54		t. Alp	honsı	s Hospi	taz	Boise.	ACD.	Idaho	
DATE REC'D BY LOCA	L REG	ISTRAR'S SIGN		1).		26. FUNERAL		OR //	AL	ODRESS	
11-23-54	·   7	next	6.7	Taln	w	Tusa	2/1	1/1/2	WER	N Latel	1
						RELYEA	MORTI	UARY	Boil	Idaho	
		····	<del></del>	<del> </del>		<del></del>			Υ		

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## RECERTIFICATE OF STILLBIRTH DEC 29 195 State of Idaho

State File No	199
Local Reg. No	293
Reg. Dist. No	5//

DEC 29 95 State of				To 9//
1. PLACE OF STILLBIRTH Division of Vital Statistics	2. USUAL RESID	ENCE OF MO	THER (Where d	loes mother live?)
a. COUNTY Bannock	a. STATE Idal	10	b. COUNTY	Bingham
b. CITY (II outside corporate limits, write RURAL and give township) OR	c. CITY (If outside co			ownship)
Town Pocatello,	TOWN		kfoot,	·
c. FULL NAME OF (If not in hospital or institution, give atrost address or location) HOSPITAL OR INSTITUTION St. Anthony's Hospital	d. STREET ADDRESS Rt.	(If rural, give loc	oveland)	
3. CHILD'S NAME ((Type or Print)  BLAINE  WORTHEN				
1	WIN OR TRIPLET (This of	hild born) 6. DAT	I DIOTU '	
Male SINGLE TWIN TRIPLET IST		SRD L	Dec.	12 , 1954
7. FATHER'S a. (First) b. (Mide NAME	ile)	c. (Last)	1	8. COLOR OR RACE
David Curtis	1	Worthen		White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)  34 VEADS Blackfoot. Idaho.	11a. USUAL OCCUPAT	ION	Agrica	BUSINESS OR INDUSTRY
34 YEARS Blackfoot, Idaho.  12. MOTHER'S a. (First) b. (Mid-	<u> </u>	c. (Last)		13. COLOR OR RACE
MAIDEN NAME Elma	_	in som		White
14. AGE (At time of this birth)   15. BIRTHPLACE (State or foreign country)			THIS MOTHER (D	o NOT include this child)
32 YEARS Blackfoot, Idaho.	a. How many chil- dren are now living?	b. How many born alive but as	children were	c. How many OTHER children were stillborn
17. INFORMANT			- 1	(born dead after 20 weeks
Curtin Worther	8	None		pregnancy)?
18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Was a standard	serological test i	or syphilis p	erformed?	V e /
WEEKS   LBS. 4 OZS. Approximate de	a guly	, , , , , , ,		3610
OAUSE OF STILLBIRTH		0 1	- A .a	a ma lland
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b, MATERNAL CAUSES	ovavny c	xus q	piress	Es.
Prematurity, Asphyxia, etc.)	,			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DEL	IVERY	
Frank Enerch				
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. I	)., midwife, or oth	er)	23b. DATE SIGNED
attended the birth of this child who was born dead	Melen	M. D.		12-14-54
on the date stated above cost. ATTENDANT'S ADDRESS	attended by	TURE OF AUTHO	RIZED OFFICIAL	TITLE
at 9:30 p. m. Pocatello, Idaho.	physician	of LOCATION	/0/	ounty) (State)
25a. BURIAL. CREM A- TION. REMOVAL (Specify) Burial 12-14-54 Groveland C		Rt. 1.		ot, Idaho.
Burial 12-14-54 Grovetand C	29. FUNDAL DIRECT	//	400	DECC
12-28-54 REG. Muia	Jan C.	Sanch	ery Blac	kfoot, Idaho.
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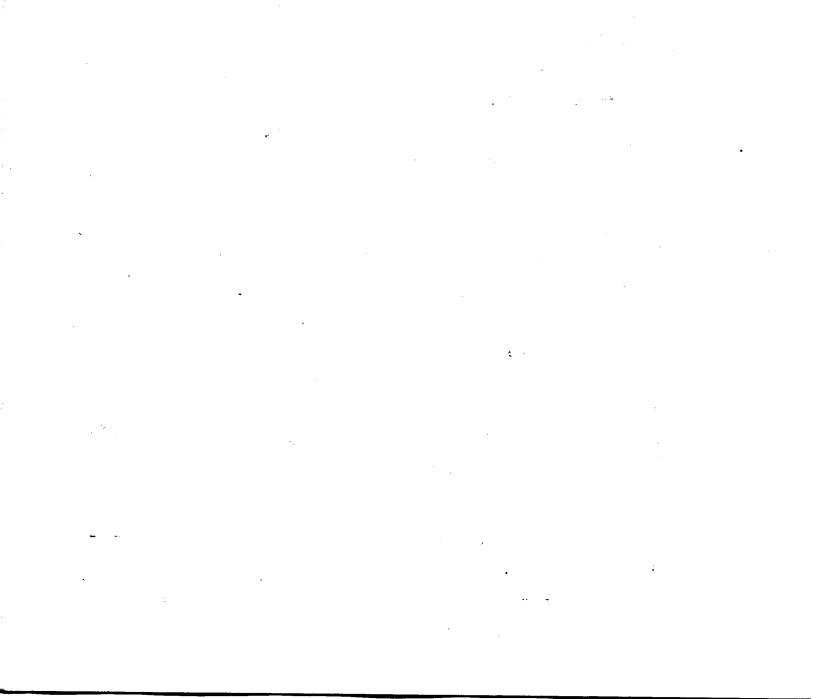
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TTO TO PRESENT CONTRACTOR OF THE PROPERTY OF T

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PHS-797(VS)	N A OFF	(1949 Revision of	Standard Certificate	e)	State File	No	
FEDERAL SECURITY	$N_{CY}4_{\perp}300$	ERTIFICATE	OF STILLBIF	RTH		No. 2-4	<i>X</i>
PUBLIC HEALTH SERVICE	of Vital Statistic				Reg. Dist.	No	1
1. PLACE OF STILLBIR	₹TH		2. USUAL RESID	ENCE OF MO		dose mother live?)	
a. COUNTY Bingham	l		a. STATE Idah	lO .	b. COUNTY	Bingham	
b. CITY (If outside corporate l	imite, write RURAL and g	ve township)	c. CITY (If outside co	rporate limits, write	RURAL and give	township)	
TOWN Blackfo	ot		TOWN Blac	kfoot			
c. FULL NAME OF (If not in	hospital or institution, give	street address or location)	d. STREET	(If rural, give loc	ation)		
HOSPITAL OR INSTITUTION Ring	ham Memoria	Hospital	ADDRESS	e #3			
3. CHILD'S NAME	TACTO TACABLE TAC	<u> </u>					
((Type or Print)	N	ot Named					
4. SEX 5a, THIS		<del></del>	WIN OR TRIPLET (This o	hild born) 6. DAT	E OF (Mont	th) (Day)	(Year)
				☐ STIL	LBIRTH		· · .
Female single	a. (First)	TRIPLET 1ST b. (Midd		c. (Last)	Dec	ember 26.	<u> 195</u> 1
NAME		•	,	•	77		ACE
	Fred		ith	Merro		White	
9. AGE (At time of this birth)	10. BIRTHPLACE (Sta	te or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR IN	DUSTRY
33 YEARS	Blackfoo		Farming				
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	ile)	c. (Last)		13. COLOR OR F	RACE
NAME	Ada	Arle	ne	Danstro	)M	White	
14. AGE (At time of this birth)	15. BIRTHPLACE (8ta	te or foreign country)	16. CHILDREN PREVIO				
29 YEARS	Lehi, Uta	h	a. How many chil- dren are now living?	b. How many of born alive but ar	children were	c. How many C children were	THER
17. INFORMANT	- 10 -					(born dead after 2 pregnancy)?	0 weeks
Thed I	ceth m	emell.	Four	None	9	None	<b>;</b>
18a. LENGTH OF PREG-   18b	. WEIGHT AT BIRTH	<sup>19</sup> Was a standard	serological test f	or syphilis p	erformed?	YesXN	
34 WEEKS	? LBS. ? OZS.	Approximate da	te May				36,
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	4 4-4		0		1 4.	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	Cord In	Ily was	sed arau	nd ne	ck f	ourlem	صع
use such terms as Stillbirth,	20b. MATERNAL CA	ises / U(	)				
Prematurity, Asphyxia, etc.)	/	none.					
21. STATE ANY COMPLICATION	NS OF PREGNANCY A	ND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	VERY		
-	none	1	none	-			
I hereby certify that I	23a. ATTENDAN	DE SIGNATURE	(Specify if M. I	D., midwife, or oth	er)	23b. DATE SIGNI	ED CE
attended the birth of this	1	In / Ma	ales 1	mD.		12-33-51	1
child who was born dead on the date stated above	23c. ATTENDANTS	DURESS	II NOT   24. SIGNA	TURE OF AUTHOR	IZED OFFICIA		ITLE
at 9:21 Pm.	1	//	attended by physician			•	
	DATE	25c. NAME OF CEMETER	<u> </u>	25d. LOCATION	(City, town, or	county)	(State)
TION, REMOVAL (Specify)	12-27-54	•	orial Hospit		kføot,		
<u> </u>	SISTRAR'S SIGNATURE		S. FUNERAL DIRECT		<del></del>	DRESS	
DATE REC'D BY LOCAL REG.	SIST KAK S SIGNATURE	- 6/3	BO. PETERNY DIRECT	( /// ) P	<i>/</i> ^ .	المست المست	
Occ. 3/1937/ 16	ya Cale	ort. Value	e mur	<u> </u>	7	<del></del>	<del></del>
	•						



PHS-797(VB) 4-48 FEDERAL SECURITY AGEN PUBLIC HEALTH SERVICE	E REC	(1949 Revision of a New York NATION TO 1954 State of	Standard Certificate OF STILLBIR Idaho	) PTH		No. 25 No. 6/0	
	DEC	20,95451416					
a. COUNTY Bonney:	TH LlleDivision o	f Vital Statistics	a. STATE	ence of Mo d <b>aho</b>	THER (Where b. COUNTY J	does mother live	o n
b. CITY (If outside corporate lin			c. CITY (If outside co	rporate limits, write	RURAL and give	township)	<del></del>
TOWN Idaho		-	OR TOWN	Roberts			
	nospital or institution, give	street address or location)	d. STREET ADDRESS	(If rural, give loc	ation)		
3. CHILD'S NAME							
((Type or Print)	Re	by Boy Harr	is				
4. SEX 5a. THIS I			WIN OR TRIPLET (This of	hild born) 6. DATI	E OF (Mont	h) (Day)	(Year)
Male single		TRIPLET 1ST	n —	STIL	LBIRTH NOV		1954
7. FATHER'S	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR	
NAME	Wallace	R		Harris		Whit	
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (81a Idaho	te or foreign country)	11a. USUAL OCCUPAT Farming	ION	11b. KIND OF	BUSINESS OR	INDUSTRY
12. MOTHER'S	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR O	R RACE
MAIDEN NAME	Violet		}	McClure	•	White	
14. AGE (At time of this birth)	15. BIRTHPLACE (Sta		16. CHILDREN PREVIO				
28 YEARS			a. How many chil- dren are now living?	b. How many of born alive but are	children were e now dead?	c. How many children were (born dead aft	stillborn
17. INFORMANT	nis	·	3	0		pregnancy)?	Ö
18a. LENGTH OF PREG- NANCY WEEKS	WEIGHT AT BIRTH LBS. OZS.	<sup>19</sup> Was a standard Approximate da		or syphilis pe	erformed?	Yes.	No
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	Knot Itm	re) in how	Solical	Cord	3	6.0
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAL	JSES					
21. STATE ANY COMPLICATION	IS OF PREGNANCY A	ND LABOR	22. STATE ALL OPERA	ATIONS FOR DELI	VERY		
I hereby certify that I	23a. ATTENDAN	T'S SIGNATURE	(Specity if M. I	, midwife, or oth	er)	23b. DATE SIG	SNED
attended the birth of this		James 1	LITE	M	-	Or 1	1001
child who was born dead		TWING 4	INOT 24 SIGNA	TUDE OF AUTOS	HITED OFFICIAL	الملاحد	<del>- ( 10 /</del>
on the date stated above at m.	23c. ATTENDANT'S/A	mpress (	attended by physician	TURE OF AUTHOR	HAED OFFICIAL	•	111 <b>LE /</b>
	DATE	25c. NAME OF CEMETER	OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
25a, BURIAL, CREMA- 25b. TION, REMOVAL (Specify)	1/30/54	Fielding M		Id/ab	j	.Ida he	· •
DATE REC'D BY LOCAL REG	STRAR'S SIGNATURE		26. FUNERAL DIRECT	OF		DRESS	
10 c. 14 -1954 (	<u>dem a Bri</u>	dque =	Tay of	TOOK IF	Idal	o Fal	s , Idho
'		$\mathcal{C}$	7	·V			· ,

man and the state of the state and the second of the second o • The database of the control of the second of the control of the

RECEIVED PHS-797(VS) (1949 Revision of Standard Certificate) State File No.... FEDERAL SECURITY AGE 955CERTIFICATE OF STILLBIRTH PUBLIC HEALTH SERVICE OF VITAL Statistics Local Reg. No.... Reg. Dist. No..... State of Idaho 1. PLACE OF STILLBIRTH 2. USUAL RESIDENCE OF MOTHER (When the mother live?) a. COUNTY b. COUNTY OTHE NIK b. CITY (If outside corporate limits, with RURAL and give township) c. CITY (If outside corporate limits, write RURAL and give township) TOWN TARA TOWN c. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (If rural, give location) HOSPITAL OR INSTITUTION ADDRESS HospiTalavemound. 3. CHILD'S NAME ((Type or Print) SON 4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF STILLBIRTH (Month) (Day) female SINGLE X TRIPLET . TWIN 1ST Dec 2ND **38**D 7. FATHER'S NAME b. (Middle) (Last) 8. COLOR OR RACE ussel ه ک/ 9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION Choster- Ideas 33 YEARS 12. MOTHER'S MAIDEN NAME a. (First) b. (Middle) 13. COLOR OR RACE c. (Last) ohnson 15. BIRTHPLACE (State or foreign country) 14. AGE (At time of this birth) 33. Wallins a. How many children are now living? b. How many children were born slive but are now dead? 17. INFORMANT pregnancy)? ASD. WEIGHT AT BIRTH 18a. LENGTH OF PREG-19 Was a standard serological test for syphilis performed? Yes. NANCY Approximate date 3 ozs. WEEKS 20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions

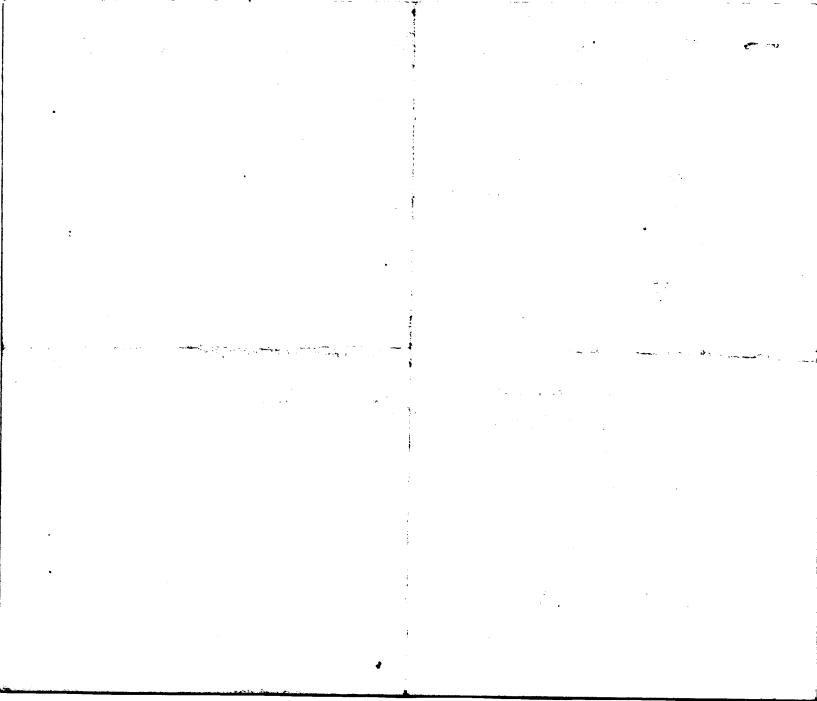
(Year) 11b. KIND OF BUSINESS OR INDUSTRY 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) c. How many OTHER children were stillborn (born dead after 20 weeks causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) COMPLICATIONS OF PREGNANCY AND LABOR 21. STATE ANY 22. STATE ALL OPERATIONS FOR DELIVERY I hereby certify that I 23a. ATTENDANT 'S SIGNATURE (Specify if M. D., midwife, or other) 23ь. DATE SIGNED attended the birth of this 55 child who was born dead on the date stated above ADDRESS If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE attended by physician 25a BURIAL, CREMA- 25b. DATE TION, REMOVAL (Specify) 25c. NAME OF CEMETERY OR CREMATORY 25d. LGCATION (City town, or county) (State) CAVIA line Memorial DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRES

The Annual Control of the Annual Control of The sold of 

PHS-797(VS)  RECEIVED  (1949 Revision of Standard Certificate)  State File No.
FEDERAL SECURITY JOHN CY 5 1955 CERTIFICATE OF STILLBIRTH Local Reg. No.
Division of Vital Statistics State of Idaho Reg. Dist. No3.6.0
1. PLACE OF STILLBIRTH a. COUNTY  2. USUAL RESIDENCE OF MOTHER (Where does mother live!) a. STATE b. COUNTY
Canyon Jaho Bause
b. CITY (II outside corporate limits, write RURAL and give fownship) OR TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN
c. FULL NAME OF (It not in hospital or institution, give atrost address or location)  HOSPITAL OR INSTITUTION  Cardower One of the street address or location)  ADDRESS INSTITUTION  (If rural, give location)  ADDRESS  Adam  St.
3. CHILD'S NAME (Type or Print) Douglas Burl Newell  1. Baky 7. Lecas C. (
4. SEX   5a. THIS BIRTH   5b. IF TWIN OR TRIPLET (This elffid born)   6. DATE OF (Month) (Day) (Year)   5 STILLBIRTH   12 - 27 - 54
7. FATHER'S NAME 2. (First) C. (Last)
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY, 22 YEARS BOISE, Ida SAW mill worker SAW mill.
12. MOTHER'S a. (First)  ARY LEW GENE HUIDA B. (Last)  13. COLOR OR RACE  13. COLOR OR RACE  14. CK  15. COLOR OR RACE  16. (Middle)  17. MOTHER'S  MAIDEN  NAME  18. (First)  18. COLOR OR RACE  19. CH. CK  19.
14. AGE (At time of this birth) 15. BIRTHPLACE (State or former country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
74 YEARS CAICWEII, Idea a. How many children were children were stillorn dren are now living born alive but are now dead? c. How many OTHER children were stillorn (born dead after 20 weeks
Claude B. Newell O pregnancy)?
18a. LENGTH OF PREG. 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes. X. No
OAUSE OF STILLBIRTH   20a. FETAL CAUSES
State only morbid conditions causing setal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES
use such terms as Atulibirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY — OF CONTINUE CITED PULLUS TERSON EXTREMENTAL PROPERTY.
I hereby certify that I 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midylife exother) 23b. DATE SIGNED
on the date stated above 23c. ATTENDANT'S ADDRESS IN NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
at m. attended by physician
25a. BURIAL CREM A- 25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. JOCATION (City, town, or county) (State)  Burial Dec. 29,1954 Ten Davis Cemetery Near Parma, Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS
12-30-5-4REG. agnes m Denman ( ), Bethall
Peckham-Dakan Chapel Caldwell, Idaha
Caldwell - Ideho

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1113-101(13)		EIVEU	(1949 Revi	•	Standard Certificate	•	State File		204
FEDERAL SECUR PUBLIC HEALTH SE	BY DE	1448 1420			OF STILLBIF	RTH		No36	
		of Vital Statisti	2	tate of					
1. PLACE OF S	TILLBIR	TH			2. USUAL RESID		DTHER (Where	does mother live	t)
a. COUNTY Ca	nyon				a. SIAIE Idah	10	B. COUNTY	Canyon	
b, CITY (If outside	e corporate lis	mits, write RURAL and	give township)		C. CITY (If outside on OR	rporate limits, write	RURAL and give	township)	•
		<u>lospital</u>				ldwell			
c. FULL NAME O	F (If not in l	nospital or institution, gi	ve street address or I	ocation)	d. STREET ADDRESS _	(If rural, give lo	ocation)		
INSTITUTION	<u>Mercy</u>	Hospital			Rc Rc	<u>ute #2</u>			
3. CHILD'S NA ((Type or Print		Rose Merr	y Hiems	tra					
4. SEX	5a. THIS E				WIN OR TRIPLET (This c	hild born) 6. DA	TE OF (Mon	th) (Day)	(Year)
fem.	SINGLE	X TWIN	TRIPLET	1ST	2ND	3RD   511	LLBIRTH De	cember	13.1954
7. FATHER'S NAME		a. (First)		b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
		GEORGE		s.		HIEMS	TRA	WHI	TE
9. AGE (At time of the	hie birth)	10. BIRTHPLACE (8			11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR	INDUSTRY
<b>港上</b>	YEARS		s, Monta	na	Farmer	·			
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	•	c. (Last)		13. COLOR O	
NAME		MERRY		DE		DYER		whit	
14. AGE (At time of the	nie birth)	15. BIRTHPLACE (8		ry)	16. CHILDREN PREVIO				
28 17. INF@RMAN	YEARS	Te	xas		a. How many children are now living?	b. How many born alive but a	children were re now dead?	c. How many children were (born dead aft	orner o stillborn er 20 weeks
x Long	c.S.	Vienst	Ne)					pregnancy)?	
18a. LENGTH OF PA		WEIGHT AT BIRTH LBS. 02S.	19 Was a sta Approxim	andard nate da	serological test f	or syphilis p	erformed?		No. 2 /4
		20a. FETAL CAUSES							3 × 1 T
State only morbid	conditions	=	1)a_1	<u> </u>					
causing fetal death use such terms as	(do NOT   Stillbirth,	20b. MATERNAL CA	USES						
Prematurity, Asphy:	xia, etc.)		Leson	ne	tes				
21. STATE ANY COM	APLICATION	S OF PREGNANCY	AND LABOR		22. STATE ALL OPERA	ATIONS FOR DEL	.IVERY		***************************************
ne	BAL	Ju M	thu		$\nu$	Lan	Ł		
I hereby certify	y that I	23a. ATTENDAN	TS SIGNATI	ORE )	(Specify if M. I	)., midwife, or oth	her)	23b. DATE SIG	SNED
attended the bird child who was bo	rn dead		2-1		well	mx		12-1	1.54
on the date state	ed above	23. ATTENDANT'S	ADDRESS	' ,	If NOT 24. SIGNAT	TURE OF AUTHO	RIZED OFFICIA	2	TITLE
at	m.	Lampa	- Ola	ne	physician		· .···		<del></del>
25a. BURIAL, CREI TION REMOVAL BO Burial	MA- 25b. edfy) 1.2	DATE / DATE	1		OR CREMATORY	25d. LOCATION	. •.		(State)
DATE REC'D BY LO		STRAR'S SIGNATUR	Kohl	Et. Tg/	26 FUNERAL DIRECT	Namp		DRESS	
. F	EG.	m	0//	الرسيه	TONEAL WALL		A	Vampa .	Idaho
James 10;	/ <b>/3</b> 3	my min	e fra	AR P	much	un		va in pa	Tagno
		10		,, Marie 19. 7	LEWIS EDM	UNDS MO	RTUARY		



PHS-797(VS)	ECEIVED	194 <b>9 Revisi</b> on of	Standard Certificate	e)	State File	No. 200	
4-48 FEDERAL SECURITY AC PUBLIC HEALTH SERVICE	Local Reg	21.2					
		State of	Idaho		Reg. Dist.	No. 470	
I. PLACE OF STILLE	ision of Vital Statistics BIRTH		2. USUAL RESID	ENCE OF MC	THED (W)		-
a. COUNTY Cas:			a. STATE Ida		b. COUNTY	Cassia	
b. CITY (If outside corpora	te limite, write RURAL and give to	wnahip)	c. CITY (If outside or	<del></del>	RURAL and give	township)	
TOWN Burle	2 V		II OR	ir l ey			
	t in hospital or institution, give stree		d. STREET	(If rural, give to 26 Norma			
3. CHILD'S NAME							=
(Type or Print)	Baby Detto	n			• .		
	IS BIRTH	5b. 1F T	WIN OR TRIPLET (This e	hild born) 6. DAT	E OF (Mon	th) (Day) (Yes	MT)
Male sing	LE 🔯 TWIN 🗆 TF	RIPLET IST	2ND	3RD 🔲 De	Cember	26, 1954	
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR RACE	_
	Karl	J am	es	Detto	n	White∘	
9. AGE (At time of this birth)			11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS OR INDUS	TRY
	<sub>rs Hansen</sub> , Ida	h o	Salesmar	1	Lumbe	r	
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	lle)	c. (Last)		13. COLOR OR RACE	
NAME	Lois			<u>rill                                   </u>		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or	- ••				Do NOT include this ch	
28 yeai	rs Paul, Idah	0	a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many OTH1 children were stillbe (born dead after 20 we	ER om
17. INFORMANT					י כ	(born dead after 20 we pregnancy)?	eks
yar w	llon					0	
NANCY		7as a standard	serologidal test i	or syphilis p	erformed?	Yes No	
WEEKS		Approximate da	te July	193	52	<del></del>	
CAUSE OF STILLBIRT	H 20a. FETAL CAUSES		, 1			36.	0
State only morbid condition causing fetal death (do NO use such terms as Stillbirt	DT 20b. MATERNAL CAUSES	e Knot	in Car	٧			
Prematurity, Asphyxia, etc.)	D. MATERNAL CAUSES						
21. STATE ANY COMPLICAT	IONS OF PREGNANCY AND L	ABOR	22. STATE ALL OPERA	ATIONS FOR DEL	IVERY		
つ	rone			Tras	ا		
I hereby certify that	I 234. ATTENDANT'S	SIGNATURE	(Specify M. I	., miderife, or oth	(xx)/	23b. DATE SIGNED	
attended the birth of th child who was born dea			useker	2001	&	12-28-5	7.
on the date stated abou			If NOT 24. SIGNAT	TURE OF AUTHO	RIZED OFFICIAL	L TITLE	_
at m.	Burley	, Ldoko	-physician				
TION REMOVAL (Specify)	Øi	NAME OF CEMETERY	OR CREMATORY	25d. LOCATION		• • • • • • • • • • • • • • • • • • • •	<b>a)</b>
Burial II	· · · · · · · · · · · · · · · · · · ·	le as ant V	iew 1		, Idah	0	
REG.	REGISTRAR'S SIGNATURE		26. FUNERAL DIRECT	OR /	> AD	DRESS	-
12-31-54 REG.	Juanne M	ason	Van	th 1	dyne	Burley	
1.	1				1	<del></del>	
			<del>\                                    </del>				_

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## RECEIVED

PHS-797(VS)
4-48
4-48
CERTIFICATE OF STILLBIRTH
PUBLIC HEALTH SERVING OF Vite Servisite

OF STILLBIRTH

State File No.

Local Reg. No.

Reg. Dist. No.

	MAIRIOB	OI A TONO	DERGIORIS	·	itate of	Idaho			reg. Dist.	110.38.3	<b></b>
1. PLACE OF S a. COUNTY	TILLBIR Gem	TH				2. USUAL a. STATE	<b>RESIDI</b> Idal	NCE OF M	OTHER (When	Gem	ive?)
b. CITY (If outsid OR TOWN	Emme		URAL and g	ive township)		c. CITY (III OR TOWN		porate limita, write nmett	e RURAL and give	township)	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ROSS Trailer Court  d. STREET ADDRESS East Main											
3. CHILD'S NA			· · · · · · · · · · · · · · · · · · ·	بار م. الم	y Nai	3					
1 CEV	le. muc	DIOTII		-ab	<u> </u>					<del></del>	
4. SEX	5a. THIS		vin 🗶	TRIPLET	1ST	WIN OR TRIPLE	_ `	RD . 6. DA	TE OF (Mon ILLBIRTH De C		954
7. FATHER'S		a. (First)			b. (Midd		<del></del>	c. (Last)		8. COLOR	OR RACE
NAME		Robe	rt	Th	eodoi	ce.		Nau		whit	e
9. AGE (At time of t	hie birth)			te or foreign count	try)	IIa. USUAL C	OCCUPAT	ON	11b. KIND OF	BUSINESS (	OR INDUSTRY
18	YEARS	C	aldwe	ell Ida	h <b>o</b>	Auto	part	ts			
12. MOTHER'S MAIDEN		a. (First)	)		b. (Midd			c. (Last)		13. COLOR	OR RACE
NAME		Orah		王			Bur	ė		whit	e .
14. AGE (At time of t	his birth)	15. BIRTH	IPLACE (8ta	te or foreign coun	try)	16. CHILDRE	N PREVIO	USLY BORN TO	THIS MOTHER	Do NOT inc	lude this child)
18	YEARS	New	Plyn	nouth I	daho	a. How man dren are now	y chil- living?	b. How many born alive but	children were are now dead?	children w	any OTHER vere stillborn after 20 weeks
x Kobert	11	Man	w				[	1		pregnancy)	
188. LENGTH OF PR NA 30 WEEKS	NCY	WEIGHT AT		19.Was a st Approxim	andard nate da	serological te	test fo	or syphilis	performed?	Yes	No
CAUSE OF STIL State only morbid causing fetal death use such terms as Prematurity, Asphy	LBIRTH conditions (do NOT Stillbirth.	Har	L dauses  tte	d un	bet	lual	Ca	rd		3	6.0
21. STATE ANY CON	MPLICATION	NS OF PREG	SNANCY AI	ND LABOR		22. STATE AL	L OPERA	TIONS FOR DE	LIVERY		
I hereby certifattended the birt child who was be	h of this	1/2	ENDAN	T'S SIGNAT	URE	(Specif	у ії М. D	., midwife, or of	ther)	23b. DATE	SIGNED
on the date state			NDANT'S A	DDRESS	ko	If NOT 24 attended by physician	. SIGNAT	URE OF AUTHO	ORIZED OFFICIA	L	TITLE
25a. BURIAL, CRE TION, REMOVAL (Spe DUP181	24>	date Dec 3	1,54	25c. NAME OF		or cremato e Ceme		25d. LOCATION ≟mme	city, town, or		(State)
- J	CAL BEG	ISTRAR'S S	IGNATURE,	Gent	Z4	26. FUNERAL		en un	/ Test - 17/7	PRESS RECT	Idaho
<b>N</b>	0				,					<b>7</b> :	

Mary Mary Mary Carl Land Land 

## PHS-797(VRECEIVED (1949 Revision of Standard Certificate) State File No. FEDERAL SECULARIA DIO 55 CERTIFICATE OF STILLBIRTH Local Reg. No... Reg. Dist. No.... State of Idaho Division of Vital Statistics 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho \(\hat{1}\) b. COUNTY LEWIS 1 PLACE OF STILLBIRTH a. COUNTY Idaho b. CITY (If outside corporate limits, write RURAL and give township) c. CITY (If outside corporate limits, write RURAL and give township) OR OR Kamiah Cottonwood c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Our Lady of Consolation Hospital DDRESS (If rural, give location) Box 305 3. CHILD'S NAME (Type or Print) Stillborn Baby Boy Cox 6. DATE OF (Month) STILLBIRTH Dec. 4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) SINGLE X Male TRIPLET TWIN 7. FATHER'S NAME a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE Clifford Cox White Harold 10. BIRTHPLACE (State or foreign country) 9. AGE (At time of this birth) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY Section worker Railroad Ontario, Oregon YEARS 12. MOTHER'S MAIDEN a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE Benefield NAME White Goldie Mary 14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) Trimont, Minnesota a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks 17. INFORMANT pregnancy)? Goldie Mary Cox - Mother 0 18a. LENGTH OF PREG-NANCY 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes... Approximate date November 10, 1954 LRS. 12 07S Wee Make 20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b, MATERNAL CAUSES 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY 23a. ATTENDANT'S SIGNATURE I hereby certify that I attended the birth of this (Specify if M. D., midwife, or other) 23b. DATE SIGNED W. A. Dec 2 1954 child who was born dead 23c. ATTENDANT'S ADDRESS on the date stated above If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE attended by Cottonwood, Idaho physician

25c. NAME OF CEMETERY OR CREMATORY

FUNERAL DIREC

(State)

Idaho

ADDRESS

25d, LOCATION (City, town, or county)

Kamiah

25a. BURIAL, CREMA-TION, REMOVAL (Specify)

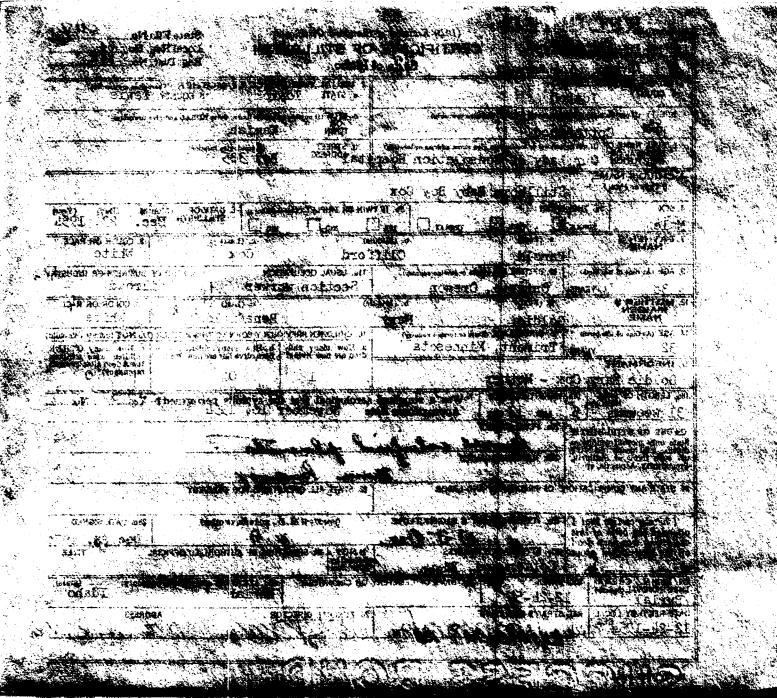
12-24-1954REG.

Burial
DATE REC'D BY LOCAL

25b. DATE

12-2և-5և

REGISTRAR'S SIGNATURE



PHS-797(VS) MA. W. 4-48 FEDERAL SECURITY AG PUBLIC HEALTH SERVICES	DEC 23 1954	PETTIFICATE		TH Local	File No. 2 () 8  Reg. No. 7  Dist. No. 4 2 2
	1 1121 513	Date of			
a. COUNTY Kooter	_		2. USUAL RESID	ENCE OF MOTHER ( 10 b, COUN	
b. CITY (If outside corporate	limits, write RURAL and	rive township)	c. CITY (If outside co	rporate limits, write RURAL an	d give township)
OR	d'Alene		TOWN CO	eur d'Alene	
c. FULL NAME OF (If not			d. STREET	(If rural, give location)	
HOSPITAL OR Lab	ce City Gener	_		008 N. 6th St	•
3. CHILD'S NAME ((Type or Print)	Lanette Palr	mer			
4. SEX 5a. THI	S BIRTH	<del></del>	WIN OR TRIPLET (This of	hild born) 6. DATE OF	(Month) (Day) (Year)
Female single	E X TWIN	TRIPLET IST	2ND	STILLBIRTH	Dec 12 1954
7. FATHER'S NAME	a. (First)	b. (Midd	lle)	c. (Last)	8. COLOR OR RACE
	<b>James</b>	В•		Palmer	White
9. AGE (At time of this birth)	10. BIRTHPLACE (St	ate or foreign country)	11a. USUAL OCCUPAT		ID OF BUSINESS OR INDUSTRY
2) YEAR	s Blooming	ton, Idaho	Millworker	r Potl	atch Forests Inc.
12. MOTHER'S MAIDEN NAME	a. (First) Delphine	b. (Mide	ile)	c. (Last) Dahl	13. COLOR OR RACE White
14. AGE (At time of this birth)		tate or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO THIS MOT	HER (Do NOT include this child)
19 YEAR	Talla more		a. How many children are now living?	b. How many children born alive but are now de	ad?   children were stillborn
17. INFORMANT	B Pas	mu	yone	Nine	pregnancy None
LENGTH OF PREGNANCY WEEKS	b. WEIGHT AT BIRTH LBS. OZS.	<sup>19</sup> .Was a standard Approximate da		or syphilis perform	ed? Yes. No
OAUSE OF STILLBIRTH State only morbid condition causing fetal death (do NO use such terms as Stillbirth Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES  MEMA To a 20b. MATERNAL CA  MY	Aurity, m	mtameom r	uplus mem	manes . 39.
21. STATE ANY COMPLICAT		ACLUSA - SAMA CALLOSA - SAMA CALLOSA AND MAS	war.	ations for delivery unel remark	of placemen
I hereby certify that attended the birth of the child who was born dea	e X	T'S SIGNATURE	(Specify if M. I	midwife, or other)	23b. DATE SIGNED  12-14-54
on the date stated about	23c STTENDANT'S	DINOUS (da	NOT 24. SIGNATED by sician	TURE OF AUTHORIZED OF	FICIAL TITLE
TION, REMOVAL (Specify)	5b. DATE	25c. NAME OF CEMETER		25d. LOCATION (City, to	
	Dec. 14, 1954 Egistrar's SIGNATUR	St. Thomas  E. Brush	26. FUNERAL DIRECT	np .	ADDRESS lish Chapel

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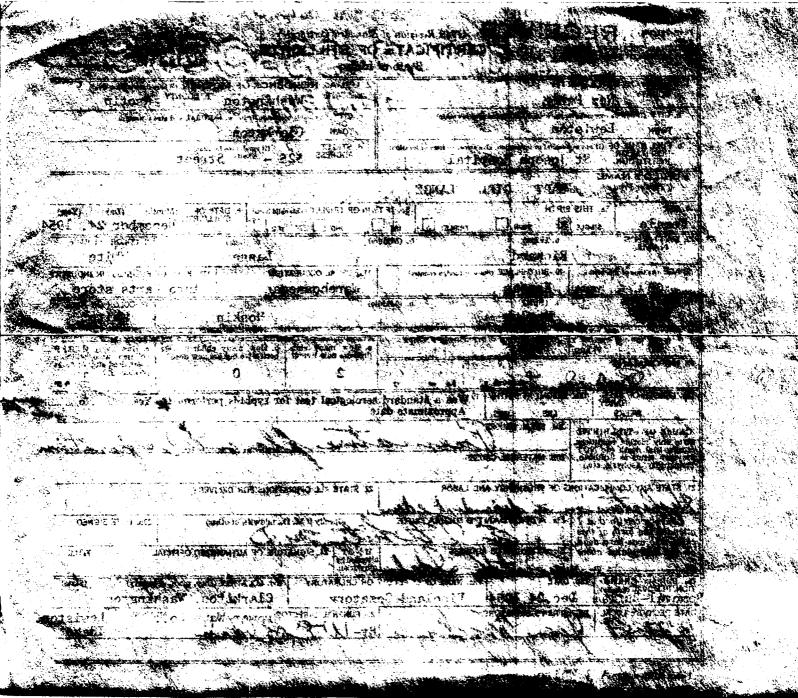
S. Carrier  $\mathcal{F}_{i} = \mathcal{F}_{i} + \mathcal{F}_{i}$ 

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PHS-797(VS)  RLUED (1949 Revision of 1944)	Standarð Certificate	) State File	No. 200
FEDERAL SECURITY AGEN 14 955CERTIFICATE	OF STILLBIE	TH Local Reg	. No
POBLIC REALITY SERVICE	Idaho	Reg. Dist.	No. 120
Division of Vital Statester-			
1. PLACE OF STILLBIRTH a. COUNTY	2. USUAL RESID	ENCE OF MOTHER (Where	does mother live?)
Koe tenad			
b. CITY (If outside corporate limits, write RURAL and give township) OR	!! OR	rporate limits, write RURAL and give	township)
TOWN Comp di Allene	TOWN	Coeur d'Alene	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Laboration	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME			
((Type or Print) Baby Boy Ketron			
	WIN OR TRIPLET (Tible o	STILLBIRTH I	(Y 51) (Y 51)
SINGLE IN THIS CONTROL OF THE CONTRO		c. (Last)	8. COLOR OR RACE
7. FATHER'S a. (First) b. (Midd NAME John)	16)	c. (Last) <b>Ketron</b>	Whit a
	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9. AGE (At time of this birth)  21 YEARS  10. BIRTHPLACE (State or foreign country)  Wichtite Kans	11a. USUAL OCCUPAT	ION 11b. KIND OF	BUSINESS OR INDUSTRY
12. MOTHER'S a. (First) b. (Midd	lle)	c. (Last)	13. COLOR OR RACE
MAIDEN Bomie		Finley	White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTHER	Do NOT include this child)
17 YEARS Batesville Ark	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER
17. INFORMANT	dien ale now hving.	DOLL MITTE DUI ME HOW GOOD!	children were stillborn (born dead after 20 weeks pregnancy)?
Mr. John Ketron			programcy).
		or syphilis performed?	Yes
20. FETAL CAUSES	·		
OAUSE OF STILLBIRTH State only morbid conditions			
canaring fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES			
Prematurity, Asphyxia, etc.)	hals	helmis	des morni
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22 STATE ALL OPER	TIONS FOR DELIVERY	or of the
Zi. STATE ANY COMM ELCHTONG OF THE DISCHOTT HIS DOCK		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
I hereby certify that I   23a. ATTENDANT'S SIGNATURE	(Specify If M. 1	D., midwifer of other)	23b. DATE SIGNED
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	(oponty if iti. )	MT	
child who was born dead	I NOT   24. SIGNA	TURE OF AUTHORIZED OFFICIA	L TITLE
on the date stated above 23c. ATTENDANT'S ADDRESS	attended by physician	A	
25a. BURIAL. CREMA- 25b. DATE 25c. NAME OF CEMETER		25d. LOCATION (City, town, or	county) (State)
TION, REMOVAL PROTECTION 11-3-55	_	Coeur d'Ale	90 A. II
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT		ODRESS
1-11-55 REG.	1		d'Alene. Id ah o
1-11 30 1 DAMAINE TO JOHNSON	\ \-IT \\		
	Delberh	aw	
	7		

Contract Con isotensi Eggs to grade and the grace e sydik <u>esi</u>ki newfoll you wisk 12 19 or arids n n wikii D 1.14 Dr. Williams S. M. popi se e ici gra Cost and a section of the complete section of the complete section of the complete section of the cost official property of the last of the first

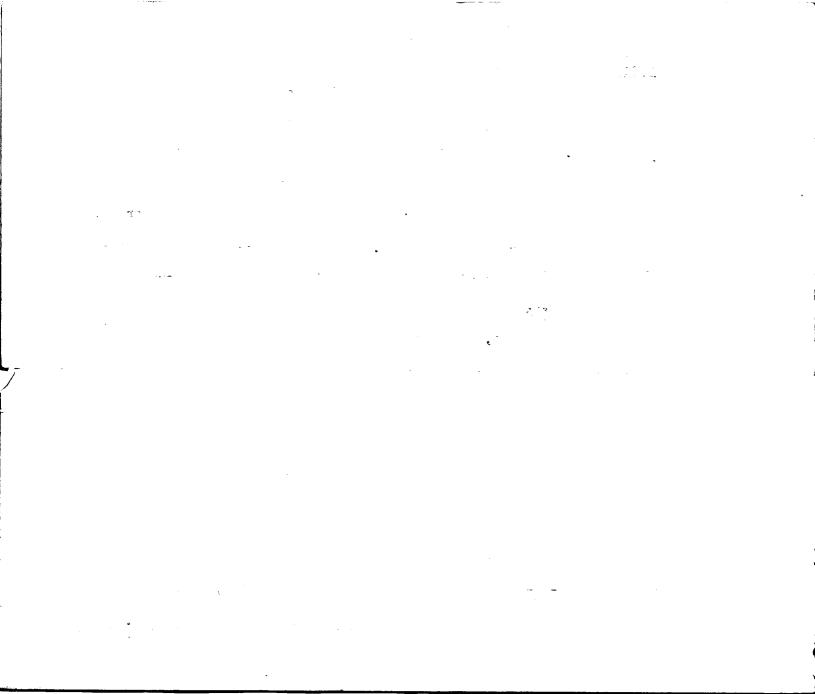
PHS-797(VS) RE	CEIVED	(1949 Revision of	Standard Certificat	le)	State File	210
FEDERAL SECURITY AC PUBLIC HEALTH SERVICE		ERTIFICATE			Local Reg	
FUBLIC REALIN SERVICE	, ,	. State of	Idaho		Reg. Dist.	No220
1. PLACE OF STILL	R of Vital Statistic		2. UŞUAL RESIL	DENCE OF MC	THER (Whee	a does mother live?)
a. COUNTY Nez	Perce	-	H A STATE	shington	b. COUNTY	Asotin
b. CiTY (If outside corporat	te limits, write RURAL and giv	re township)	c. CiTY (If outside o	orporate limits, write	RURAL and give	a township)
TOWN Lewi		411	i UK	arkston		
	in hospital or institution, give t Joseph Hospi		d. STREET ADDRESS 52	5 - 8th S		
3. CHILD'S NAME [(Type or Print)	BABY GIRL	LANGE				
	IS BIRTH	TRIPLET ST.	WIN OR TRIPLET (This	ehild born) 6. DAT	IDIOTH '	th) (Day) (Year) cember 24, 1954
7. FATHER'S NAME	a. (First)	b. (Midd		c. (Last)		8. COLOR OR RACE
INAME	Richard			Lange		White
9. AGE (At time of this birth)	10. BIRTHPLACE (State	or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR INDUSTRY
38 YEAR			Warehouse	man	Auto F	arts store
12. MOTHER'S MAIDEN NAME	a. (First) Beulah	b. (Midd	le)	c. (Last) Hoskin	:	13. COLOR OR RACE White
14. AGE (At time of this birth)	15. BIRTHPLACE (State	e or foreign country)	16. CHILDREN PREVI	OUSLY BORN TO T	HIS MOTHER (	Do NOT include this child)
40 YEAR	daho Idaho		a. How many chil- dren are now living?	b. How many born alive but ar	children were e now dead?	c. How many OTHER children were stillborn
17. INFORMANT Dicho	I Lange		2	0		(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREG- 18 NANCY WEEKS	Bb. WEIGHT AT BIRTH   1 LBS. OZS.	<sup>9</sup> Was a standard Approximate dat	serological test i	for syphilis p	erformed?	Yes No No
CAUSE OF STILLBIRTE	20a. FETAL CAUSES			10	- / /	1 /
State only morbid condition causing fetal death (do NO' use such terms as Stillbirth	r I	rema	luce of	lacer	tal	suparation
use such terms as Stillbirth Prematurity, Asphyxia, etc.)	, 206. MATERNAL CAUS	SES .				
21. STATE ANY COMPLICATI	ONS OF PREGNANCY AND	LABOR	22. STATE ALL OPER	ATIONS FOR DELI	VERY	
Chéreby certify that attended the birth of thi	8	'S SIGNATURE	pecify if M. I	D., midwife, or oth	er)	23b. DATE SIGNED
child who was born dead on the date stated abov atm.			If NOT 24. SIGNA attended by physician	TURE OF AUTHOR	IZED OFFICIAL	L TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Spectry) Removal-Burial	Dec.24,1954	oc. NAME OF CEMETERY Vineland Ce		25d. LOCATION (		
DATE REC'D BY LOCAL RI	TRAR'S SIGNATURE	elina	26. FUNERAL DIRECTOR			
/					<del></del>	



PHS-797(VS)	K	CEIVE	D <sub>(1949 Revision of</sub>	Standard Certificat	٥١	State File	No	211
4-48 Federal Secur Puric Health Se	ITY AGE	<b>DEC 15</b> 954	CERTIFICATE	OF STILLBIF	?TH	Local Reg	No. 2.4	4
PODEIC HEALIN SE	Divis	sion of Vital Sta	tistics State of			Reg. Dist.	No2.2	
1. PLACE OF S	TILLBII	RTH		2. USUAL RESID	ENCE OF MO		e does mother live?	)
		Perce		a. STATE	ington-	b. COUNTY	Asotin	
b. CITY (If outside OR TOWN	e corporate	limits, write RURAL and	give township)	c. CITY (If outside or	rporate limits, write	RURAL and give	township)	
		ston		TOWN	Clarksto	n		
HOSPITAL OR INSTITUTION	<b>~</b> .	·	ive street address or location)	d. STREET ADDRESS	(If rural, give to	_		
3. CHILD'S NA		. Joseph Ho	spital	<u> </u>	Rt # 1 -	- Box 5	В	
(Type or Print		TO A TO TO	CTN A TEXT					
4. SEX	5a. THIS	BABY S		WIN OR TRIPLET (This e	hild born) 6. DA7	E OF (Mon	th) (Day)	(Year)
Male	SINGLE	TWIN .	TRIPLET 1ST	7 (7	3RD STI	12/		(1001)
7. FATHER'S NAME		a. (First)	b. (Midd		c. (Last)		8. COLOR OR	RACE
		Wallace	8	S	wain		White	
9. AGE (At time of the	ois birth)	10. BIRTHPLACE (8	State or foreign country)	11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS OR	INDUSTRY
35	YEARS		Arkansas	Plasterer		Con	tractor	
12. MOTHER'S MAIDEN NAME		a. (First)	b. (Midd	•	c. (Last)		13. COLOR OR	RACE
14. AGE (At time of th	in hirth)	Mary	State or foreign country)		Newland	THE HOTHER	White	
29	YEARS	Kooskia,		a. How many chil- dren are now living?			c. How many	OTHER
17. INFORMANT		, , , ,		_	b. How many born alive but as	re now dead?	children were (born dead afte	still born
70 D	L	,		5	0		pregnancy)?	
18a. LENGTH OF PR	EG- 18b	. WEIGHT AT BIRTH	19 Was a standard	serological test f	or syphilis p	erformed?	Yes1	No.
WEEKS		LBS, OZS.	Approximate da	te	<b></b>		_	J. 3
CAUSE OF STILI		20a. FETAL CAUSES	5.					
State only morbid of causing fetal death use such terms as	conditions (do NOT		Museum	·				
rematurity, Asphyr	cia, etc.)	20b. MATERNAL CA	IUSES	. 4				
21. STATE ANY COM	PLICATIO	NS OF PREGNANCY	AND LABOR	22. STATE ALL OPERA	TIONS FOR DEL	IVEDY		
				\ + h	<b>T</b>	•	10.0	
I hereby certify	y that I	23a ATTENDAN	T'S SIGNATURE	(Specify V.M.)	L, midwife, or oth	er) (	32b. DATE SIG	NED
uttended the birth child who was bo		Mun,	L. V 12.	Line	$\mathcal{I}$		Dog "	سنكوي
on the date state		1 X	ADDRESS	If NOT   24. SIGNAT	TURE OF AUTHOR	RIZED OFFICIAL		TITLE
ut	m.	Lewiston,		physician				· · · · · · · · · · · · · · · · · · ·
5a. BURIAL, CREM FION, REMOVAL (Spec	olfy)	DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
Removal DATE REC'D BY LOC		2/6/1954	Vineland		Clarkst	on, Wasl		
	EG. REG	STRAR'S SIGNATUR	land .	25. POSECTAL DESCRI	OR 1 T		DRESS	
a v 37		run //	yeums	1 / - //	crew	Clarks	ton. Was	nington
	U	/	•					

_	KE	CEIVE	<b>)</b>				9 (0
PHS-797(VS)	1.7	IN CHOEF		Standard Certificat		State File	No.
FEDERAL SECUR	RITY ASE	$M_{\star}$ 6 1955.	CERTIFICATE	OF STILLBIR	<b>RTH</b>	Local Reg	_ · · · · · · · · · · · · · · · · · · ·
TOBEIC REALIN SI	Division	n of Vital Statist	ies State of			Reg. Dist.	No. 140
1. PLACE OF S	TILLBIF	RTH		2. USUAL RESID	ENCE OF M	OTHER (When	e dose mother live?)
a. COUNTY S	hosho	ne		a. STATE Ida		b. COUNTY	Shoshone
b. CITY (If outsid	le corporate l	limite, write RURAL and	give township)	c. CITY (If outside of		e RURAL and give	
TOWN Wal	lace			TOWN Mull	an		•
HOSPITAL OR			ve street address or location)	d. STREET	(If rural, give l	ocation)	
INSTITUTION	Pro	ovidence Hos	spital	<b>∥</b>	5 Earle		
3. CHILD'S NA							
		Baby		оу	McPhail		
4. SEX	5a. THIS	BIRTH	5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DA	TE OF (Mon	
Male	SINGLE	TWIN	TRIPLET 1ST	2ND	3RD   311	No.	vember 29 1954
7. FATHER'S NAME		a. (First)	b. (Midd	ile)	c. (Last)		8. COLOR OR RACE
		Lloyd	C_		McPhai	11	White
9. AGE (At time of the		10. BIRTHPLACE (St.		11a. USUAL OCCUPAT	ION		BUSINESS OR INDUSTRY
38	YEARS	Wallace	Idaho	Miner		Lucky	Friday
12. MOTHER'S MAIDEN		a. (First)	b. (Midd	ile)	c. (Last)		13. COLOR OR RACE
NAME  14. AGE (At time of ti		Laura			Busch		Wite
40		15. BIRTHPLACE (St		a. How many chil-			Do NOT include this child)
17. INFORMAN	YEARS	Boise,	Idaho	dren are now living?	b. How many born alive but s	re now dead?	c. How many OTHER children were stillborn
	-	L _ 9 9	W. 41		_		(born dead after 20 weeks pregnancy)? None
Mrs Laura		NS.11 WEIGHT AT BIRTH	Mother	Two		one	
NAI WEEKS	NCY	LBS. 15 OZS.	<sup>19</sup> Was a standard Approximate da	serological test f te May 25,	or syphilis r 1954	erformed?	Yes. Y No
CAUSE OF STIL		20e. FETAL CAUSES		<u> </u>			26. 2
State only morbid causing fetal death use such terms as	conditions		nou.				20.
use such terms as Prematurity, Asphy:	Stillbirth,	20b. MATERNAL CAL	USES		0 //		
		Massen	prematine.	Leparalin 1	Je flou	wa.	71.
21. STATE ANY CON	SPLICATIO!	NS OF PREGNANCY A	ND FURCK	2. STATE ALL OPER	7		
	. 42 . 4 7	23a, ATTENDAN	=======================================	Caesava			
I hereby certifattended the birth		at ATTENDAN	T'S SIGNATURE		)., midwife, or oth	her)	23b. DATE SIGNED
child who was bo	rn dead	23c. ATTENDANT'S A	IDDRESS.	Jewill m			7 Noc 5 4
on the date state	u avove	Wallow 6		attended by	TURE OF AUTHO	RIZED OFFICIAL	L TITLE
25a. BURIAL CREA	78.	DATE	25c. NAME OF CEMETERY	physician	ME LOCATION		(2)
25a. BURIAL, CREI	p) 7	W30-54	witel	OR CREMATORY	25d. LOCATION		county) (State)
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATURE	P	26. PERAL DIRECTO			DRESS
1100.0.190	56 L	17040 .		- 1 - 1	····	- 4/1 /	11.111.
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PHS-797(VS) 4-48	REC		J (1949 Revision of				No		
FEDERAL SECUR PUBLIC HEALTH SE		<b>15</b> 28 355	CERTIFICATE	OF STILLBIR	RTH		al Reg. No5.03		
	JAI	1 NO 100	. State of	i Idaho		Reg. Dist.	No. 374	<i></i>	
1. PLACE OF S	Division	794 Vital Statis	168	2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?		
a. COUNTY	Ada		,	a. STATE	aho	b. COUNTY	Ada		
b. CITY (If outside		mits, write RURAL and	give township)	c. CITY (If outside or		RURAL and give			
TOWN	Bois	<b>6</b>		TOWN	ise				
c. FULL NAME O HOSPITAL OR	F (If not in l	nospital or institution, g	ive street address or location)	d. STREET ADDRESS	(If rural, give lo	eation)			
INSTITUTION	St.	Alphonsus	Hospital		02 Allen	St.			
3. CHILD'S NA									
(Type or Print	В В	ABY GIRL D	ONAT						
4. SEX	5a. THIS I		5b. IF 1	WIN OR TRIPLET (This	shild born) 6. DA	TE OF (Mont	h) (Day)	(Year)	
Female	SINGLE	X TWIN	TRIPLET 1ST	2ND	3RD	De cembe	r 26, 19	54	
7. FATHER'S NAME		a. (First)	b. (Mide	lle)	c. (Last)		8. COLOR OR	RACE	
		John	Dewey	<i>I</i>	Donat		White		
9. AGE (At time of the	his birth)	10. BIRTHPLACE (S	State or foreign country)	11a. USUAL OCCUPAT	11a, USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY		
25	YEARS		daho	Buyer		C.C. An	derson C		
12. MOTHER'S MAIDEN		a. (First)	b. (Mide	ile)	c. (Last)		13. COLOR OR	RACE	
NAME		Fern	Lucil	Le	MoFarlin		White		
14. AGE (At time of the	his birth)	15. BIRTHPLACE (8	State or foreign country)	16. CHILDREN PREVI					
26 17. INFORMANT	YEARS	Ava, Vi	asouri	a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many children were (born dead after	OTHER stillborn 20 weeks	
x John	ZN.	Donat	Boise	2			pregnancy)?		
18a. LENGTH OF PR	REG- 18b.	WEIGHT AT BIRTH	19 Was a standard		for syphilis r	erformed?	Yes	No	
WEEKS	3	LBS. OZS.	Approximate da	te. O.C	2.14	54.			
CAUSE OF STIL		20a. FETAL CAUSE	s Short co	ed around	i neck	) Rall	eu.		
State only morbid causing fetal death use such terms as	conditions (do NOT		·····	<del>- 127 - 1</del>					
use such terms as Prematurity, Asphy:	Stillbirth, xia, etc.)	20b. MATERNAL C	AUSES When	nation s	essurtion	- of pe	exerte	_	
21. STATE ANY COM	MPLICATION	S OF PREGNANCY	AND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	.IVERY			
		· · · · · · · · · · · · · · · · · · ·	, 0	<u> </u>					
I hereby certif attended the birti		23a. ATTENDAI	NT'S SIGNATURE	(Specify if M. )	D., midwife, or oti	ber)	23b. DATE SIG		
child who was be	orn dead		Newwork	Le , MAN		DITTO OFFICIAL		TITLE	
on the date state		23c, ATTENDANT'S	ADDRESS	If NOT 24. SIGNA attended by physician	TURE OF AUTHO	KIZED OFFICIA	<b>L</b>	HILE	
25- DUDIAL CDE		DATE	25c. NAME OF CEMETER	1	Last LOCATION	(City, town, or	Anunty)	(State)	
25a. BURIAL, CREI	edfy)		1		Boise	<i>''</i>		(10000)	
Burial DATE REC'D BY LO		=28=54	Morris Hill	26. FUNERAL DIRECT		2	daho		
F	REG.	M -1	+ All	40. FUIDERAL DIRECT	OOLAR			_	
1-7-55		Mylle	iumir (	THE REAL PROPERTY AND ASSESSED.		138			
		V		RELYEA MOR	TUAKI	X POIS	e, Idaho	) 	

1113-191(43)			VED	(1949 Revision	of	Standard Certificat	e)	State File	No. 215
FEDERAL SECUI PUBLIC HEALTH S		#8-8	.J5 <b>5</b>	CERTIFICAT	E	OF STILLBIF	RTH	Local Reg	No. 3
			tal Statistics	State	of	Idaho		Reg. Dist.	No. 5/0
I. PLACE OF S	TILLE	BIRTH				2. USUAL RESID	ENCE OF MO	OTHER (Where	e doss mother live?)
a. COUNTY	Ban	nock				a STATE _	tho	b. COUNTY	Bannock
b. CITY (If outsix OR			write RURAL and	give township)		c. CiTY (If outside of		RURAL and give	
TÖWN	Poc	atel	lo			1 OK	atello		
c. FULL NAME (	OF (If not	t in hospit	al or institution, gi	ve street address or location	n)	d. STREET	(If rural, give lo	onation)	
HOSPITAL OR INSTITUTION	Ban	nock	Memoria	l Hospital		ADDRESS ),30	So. 10t	h	
3. CHILD'S NA	ME				<u> </u>	<b>T</b>			
(Type or Prin	t)		RΔ1	BY GIRL ROMB	OH	CH ·			
4. SEX	5a. TH	IS BIRT				WIN OR TRIPLET (This	hild born) 6. DA	TE OF (Mon	th) (Day) (Year)
Female	SING	LE X	TWIN 🔲	TRIPLEY 15		1 <b>-</b>	STI	II RIPTU `	ember 30, 1954
7. FATHER'S NAME			(First)	b. (M			c. (Last)		8. COLOR OR RACE
. IAVINE		Ī	Ernest	G	er	ald	Rombou	øh	White
9. AGE (At time of t	this birth)			tate or foreign country)		11a. USUAL OCCUPAT			BUSINESS OR INDUSTRY
32	YEAI	RS V	ictor, B	.C., Canada		Student		i .	. C.
12. MOTHER'S MAIDEN		8.	(First)	b. (M	/Iidd		c. (Last)		13. COLOR OR RACE
NAME			Nancy		Es	ther	Crawfo	ord	White
14. AGE (At time of t	his birth)	15.	BIRTHPLACE (8	tate or foreign country)	ا				(Do NOT include this child)
3	() YEAR	RS A	lhambra.	. Calif.		a. How many children are now living?	b. How many	children were	c. How many OTHER
17. INFORMAN	T		·		=	CLEU MIA HOM HATIS!	born alive but a	ra now dead:	children were stillborn (born dead after 20 weeks
Ernest	Gera	ld Ro	mbough	- father		Two	None		pregnancy)?
18a. LENGTH OF PI			GHT AT BIRTH	19.Was a standa	rd	serological test f	or syphilis n	erformed?	Yes. X. No.
TO MEEKS		Not u	one ozs.	Approximate	dat	e.	or aypanis p	~IIVIIIICU .	100AR 110
CAUSE OF STIL	LBIRT	H	FETAL CAUSES	6 10	<u> </u>	7	1 1		
State only morbid	condition	歴		entur	ш	arlonic T	Celali	ia.	
State only morbid causing fetal death use such terms as Prematurity, Asphy	Stillbirt Tia, etc.)	h, 20b.	. MATERNAL CA	JAA	M .				
21. STATE ANY COI	MPI ICAT	IONS OF	PREGNANCY A	IND LABOR		22. STATE ALL OPER	TIONS FOR OH	NEDV.	
	23011	.0.10 01	THEOLITICAL P	and Emborr	l	22. STATE ALL OPERA	THORS FOR DEL	TACKA	
I hereby certif	fu that	7   23a.	ATTENDAN	IT'S SIGNATURE	7	/ (Apedity/F)	2. midwife, or sti	ner) A	23b. DATE SIGNED
attended the birt	h of th	18			9/	r <i>Y''''(V)</i>		7 <b>4</b>	17.8.54
child who was b on the date stat			ATTENDATES.	ANDRESS - A A	#	II NOT   24. SIGNAT	TURE OF AUTHO	RIZED OFFICIAL	L TITLE
at 12:28	$P_{\bullet m}$		seal	ULB ZOUMINA	4	attended by physician	ONE OF MOTIO	WILLD OF FORM	- 17162
25a. BURIAL, CRE TION, REMOVAL (8po	M A-   2	5b. DATI	- W W W W	25c. NAME OF CEMET	7 I		25d. LOCATION	(City, town, or	county) (State)
TION, REMOVAL (8)	odfy)	1-31	-54			rial Hospita	1 Posate		Idaho
DATE REC'D BY LO	CAL   R	EGISTRA	AR'S SIGNATUR	E .		26. FUNERAL DIRECTO	DR .	_ AD	DRESS
1-18-55	REG.	מנב	am	11/000.		(	en lo	n ad	0
		-7 0			٣.	auce !		(Ban)	mean 9/-
							16		TOTAL

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PEDERAL SECURITY APPRIL   The public Marth service   The public Marth ser	PHS-797(VS) RECEIVED	Revision of S	tandard Certificat	٥١	Class Trus	2	216
Division of Vital Statistics  State of Idaho  Reg. Dist. No. 4-52  PLACE OF STILLBIRTH  a. COUNTY Minidoka  b. CITY (It counts corporate limits, write RURAL and give township) OR Kupert  C. FULL MANE OF CIT set to begind or insultation, the RURAL and give township) OR Kupert  S. CHILL SHAME	FEDERAL SECURITY AFERS 7 1955 CERTIF	TICATE C	OF STILLBIF	», ?ТН			<u></u>
a. COUNTY Minidoka  b. CUTY (II cutable segments limits, write RURAL and sire township) TOWN RUPERT  c. FILL NAME OF GI not in bompinal or institution, sire street address or location) INSTITUTION Rupert General Hospital  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  TRIPLET Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  TRIPLET Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  TRIPLET Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  TRIPLET Shirlene Paoli  Sociation of this births)  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  TRIPLET Shirlene Paoli  Sociation of this births)  Shirlene Rupert  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Sociation of this births of this bir		State of I	Idaho				********
b. CITY (IT outside segrence lines, with RURAL and give township) ON Rupert  c. FULL NAME OF (It not in boughts) or indutution, give street address or location) HOSTHOROR Rupert General Hospital  3. CHILD'S NAME (I'Type or Print)  Shirlene Paoli  SSEX  Sa. THIS BIRTH  SINGLE  TWIN THIN THERET   55. IF TWIN OR TRIPLET (The shide born)  SINGLE  TWIN   TRIPLET   55. IF TWIN OR TRIPLET (The shide born)  STILLBIRTH  SINGLE  TWIN   TRIPLET   55. IF TWIN OR TRIPLET (The shide born)  STILLBIRTH  SINGLE  TWIN   TRIPLET   55. IF TWIN OR TRIPLET (The shide born)  STILLBIRTH  SINGLE  TWIN   TRIPLET   55. IF TWIN OR TRIPLET (The shide born)  STILLBIRTH  SINGLE  TWIN   TRIPLET   55. IF TWIN OR TRIPLET (The shide born)  STILLBIRTH  SINGLE  TWIN   TRIPLET   55. IF TWIN OR TRIPLET (The shide born)  STILLBIRTH  SINGLE  TWIN   TRIPLET   55. IF TWIN OR TRIPLET (The shide born)  STILLBIRTH  SINGLE  TWIN   TRIPLET   55. IF TWIN OR TRIPLET (The shide born)  STILLBIRTH  SINGLE  TWIN   TRIPLET   55. IF TWIN OR TRIPLET (The shide born)  STILLBIRTH  SINGLE  TWIN   TRIPLET   55. IF TWIN OR TRIPLET (The shide born)  STILLBIRTH  SINGLE  TWIN   TRIPLET   55. IF TWIN OR TRIPLET (The shide born)  STILLBIRTH  SINGLE  TWIN   TRIPLET   55. IF TWIN OR TRIPLET (The shide born)  STILLBIRTH  SINGLE  TWIN   TRIPLET   55. IF TWIN OR TRIPLET (The shide born)  SCOLOR OR RACE  White  S. COLOR OR RACE  White  S. CHILDREN  S. COLOR OR RACE  White  S. COLOR OR RACE  White  S. COLOR OR RACE  White  S. COLOR OR RACE  White  S. COLOR OR RACE  White  S. COLOR OR RACE  White  S. COLOR OR RACE  White  S. COLOR OR RACE  White  S. COLOR OR RACE  White  S. COLOR OR RACE  Whi	- COUNTY		2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?)	
TOWN KUPERT  C. FULL NAME OF GI not in benefit or institution, give street address or location)  TOWN RUPERT  C. FULL NAME OF GI not in benefit or institution, give street address or location)  TOWN RUPERT  C. FULL NAME OF GI not in benefit or institution, give street address or location)  TOWN RUPERT  C. STILL STATE AND COMPLICATIONS OF PREGNANCY AND LABOR  C. CITY (IT created scorporate links, write RTRAL and give township)  TOWN RUPERT  TOWN RUPERT  TOWN RUPERT  C. CITY (IT created scorporate links, write RTRAL and give township)  TOWN RUPERT  TOWN RUPERT  TOWN RUPERT  C. CITY (IT created scorporate links, write RTRAL and give township)  TOWN RUPERT  TOWN RUPERT  TOWN RUPERT  G. CITY (IT created scorporate links, write RTRAL and give township)  TOWN RUPERT  TOWN RUPERT  G. CITY (IT created scorporate links, write RTRAL and give township)  TOWN RUPERT  TOWN RUPERT  G. CITY (IT created scorporate links, write RTRAL and give township)  RUPERT  G. STREET  G. STREET  G. CHILDSN  RUPERT  TOWN RUPERT  G. STREET  G. CHILDSN  FRITTH C. Clease or foreign country)  FROM RUPERT  S. DATE OF (Mangth)  FROM RUPERT  S. DATE OF (Mangth)  FROM RUPERT  G. CHASH  FROM RUPERT  FROM RUPERT  S. DATE OF (Mangth)  FROM RUPERT  FR	Minidoka	· .			b. COUNTY		l
G. FULL NAME OF (If not in hospital or institution, stree street address or location) HOSPITAL NAME HOSPITAL RAME OF (If not in hospital in Hospital)  S. CHILD'S NAME (Type or Print)  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  SHILBIRTH  SINGLE  ADRESS Rt # 2  SINGLE  S. THIS BIRTH  SINGLE  SINGL	I UK ":		C. CiTY (If outside of	rporate limits, write	RURAL and give	township)	
ASSEX Sa. THIS BIRTH SINGLE TIME TWIN TRIPLET (This shill born)   6. DATE OF (Month) (Day) (Year)   7. FATHER'S   8. (First)   8. (COLOR OR RACE   7. FATHER'S   8. (Chard Leon Paoli   8. (COLOR OR RACE   7. FATHER'S   8. (Chard Leon Paoli   8. (COLOR OR RACE   7. FATHER'S   8. (Chard Leon Paoli   8. (COLOR OR RACE   8. (CHart)   8. (COLOR OR RACE   8. (CHart)   8. (CHARD   8.							<del></del>
Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  Shirlene Paoli  TWIN TRIPLET SHOTH SHATH  SINGLE Richard Leon Paoli  SACUAR OR RACE  Richard Leon Paoli  Section Hand White  Paoli  Section Hand U. P. P. R.  Leon Hand U. P. P. R.  Leon Section Hand U. P. P. R.  Leon Hand U. P. P. R.  Leon Hand U. P. P. R.  Leon White  Shirley Berniece Hunsaker White  Shirley Berniece Hunsaker White  If. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT Include this blob)  A SE CALOR OR RACE  White  Shirley Paoli  Section Hand U. P. P. R.  Leon Hand U. P. P. R.  Leon White  Shirley Berniece Hunsaker White  Shirley Paoli  Section Hand U. P. P. R.  Leon Berniece C. (Last)  Shirley Berniece Hunsaker White  Great are now idead?  Jenney Colliders were stillown brown dead with of Not were stillown causing fittal death (do NOT use such terms as Skillberth Prematurity, Asphyria, etc.)  Thereby certify that I attended the birth of this child who was born dead to the date stated above to this date and the birth of this child who was to store as Skillberth Prematurity, Asphyria, etc.)  Thereby certify that I attended the birth of this child who was to store as Skillberth Prematurity, Asphyria, etc.)  Thereby certify that I attended the birth of this child who was born dead and the date stated above to the date stated a	HOSPITAL OR Rupert General Hospita	7	ADDRESS		ation)		
Shirlene Paoli  Section Hand  Single Twin Triplet   Section Hand	3. CHILD'S NAME	<del></del>		Kt # 2		···-	
So. THIS BIRTH  So. IF TWIN OR TRIPLET (This shill bern)  So. IF TWIN OR TRIPLET (This shill bern)  So. OATE OF STILLBIRTH  So. OF INDUSTRY  So. C. (Last)  So. COLOR OR RACE  White  Richard Leon  Paoli  116. KIND OF BUSINESS OR INDUSTRY  Section Hand  U. P. P. R.  12. MOTHER'S  NAME  A. (First)  So. (First)  So. Color OR RACE  White  So. Color OR RACE  W	(Type or Print) Shirlene Paoli						
7. FATHER'S a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE Richard Leon Paoli White  9. AGE (At time of this birth) 28 YEARS Rupert Shirley Berniece Hunsaker U. P. P. R.  112. MOTHER'S NAME Shirley Berniece Hunsaker White  14. AGE (At time of this birth) 25 YEARS Hupert Shirley Berniece Hunsaker White  15. BIRTHPLACE (State or foreign country) Berniece Hunsaker White  16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children were born alive but are now dead? Children were child	4 SEX 5a. THIS BIRTH		IN OR TRIPLET (This e	hild born) 6. DAT	E OF (Mont	th) (Day)	(Year)
Richard Leon Paoli  9. AGE (At time of this birth) 28 YEARS  10. BIRTHPLACE (State or foreign country) Rupert  11. MOTHER'S MAINE  12. MOTHER'S MAINE  13. COLOR OR RACE White Section Hand  14. AGE (At time of this birth) 25. WARNS  15. BIRTHPLACE (State or foreign country) Rupert  16. CMILDERN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) A. How many children were still born dead are now living?  17. INFORMANT Mrs Shirley Paoli  18. LEINGTH OF PREG. 18b. WEIGHT AT BIRTH Les. Ors. Approximate date  18. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyrais, etc.)  20. MATERNAL CAUSES  1 Les. Ors. Approximate date  22. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  23. ATTENDANT'S SIGNATURE ATTENDANT'S SIGNATURE ATTENDANT'S ADDRESS ALIGNATURE ATTENDANT'S ADDRESS ALIGNATURE OF AUTHORIZED OFFICIAL ALIGNATURE ATTENDANT'S ADDRESS ALIGNATURE OF AUTHORIZED OFFICIAL ALIGNATURE ALIGNATURE AND ALIGNATURE ALIGN		1ST _			LBIRTH L	c 30	1954
9. AGE (As time of this birth) 28 YEARS    10. BIRTIPLACE (State or foreign acoustry)   11a. USUAL OCCUPATION   11b. KIND OF BUSINESS OR INDUSTRY   12 MOTHER?   13. COLOR OR RACE   14. AGE (as time of this birth)   25 Wilton   15. BIRTIPLACE (State or foreign acoustry)   16. CHILDRE PREVIOUSLY BORN TO THIS MOTHER (DO NOT include this child)   17. INFORMANT   18. LENGTH OF PREG.   18. WEIGHT AT BIRTH   19. Was a standard serological test for syphilis performed?   18. LENGTH OF PREG.   18. WEIGHT AT BIRTH   19. Was a standard serological test for syphilis performed?   26. MATERNAL CAUSES   27. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   27. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   28. ATTENDANT'S SIGNATURE   (Specify II.M. D., midwis, or other)   23b. DATE SIGNED   25c. NAME OF CEMETERY OR CREMATORY   25d. LOCATION (City, town, or country)   25d. LOCATION (City, town, or cou	NAME	• •				8. COLOR OR R	ACE
12. MOTHER'S   Rupert   Section Hand   U. P. P. R.     12. MOTHER'S   Shirley   Berniece   Hunsaker   White     14. AGE (As time of this birth)   S. BIRTHPLACE (Stave or foreign country)   S. BIRTHPLACE (Stave or foreign country)   Rupert   S. BIRTHPLACE (Stave or foreign country)							·
12. MOTHER'S MAIDEN NAME  13. COLOR OR RACE Shirley Shirley Shirley White  14. Age YEARS  15. BIRTHPLACE (State or foreign country) Rupert  17. INFORMANT Mrs Shirley Paoli  18a. LENGTH OF PREG. NANCY 24 NANCY 24 NANCY 25 NANCY 1 LBS. OZS. Approximate date  CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NO) Tues such terms as Stillbirth, Prematurity, Asphyxis, etc.)  20b. MATERNAL CAUSES  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  23b. MATERNAL CAUSES  25c. ATTENDANT'S SIGNATURE All OPERATIONS FOR DELIVERY  25c. BURIAL, CREMA- TICHNEMOVICAL (Speedby)  25c. DATE  25c. NAME OF CEMETERY OR CREMATORY  25d. LOCATION (City, town, or country) DATE BECOME BURIAL, CREMA- TICHNEMOVICAL (Speedby)  25d. LOCATION (City, town, or country) DATE BECOME BURIAL, CREMA- TOWN TO THIS MOTHER (Do NOT Include this child) And May many children were country) B. HOW many children were country  16c. (HILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT Include this child) A. How many children were country b. How many children were country b. How many children were country b. How many children were country b. How many children were country b. How many children were country b. How many children were country b. How many children were country b. How many children were country country b. How many children were country country b. How many children were country country country country country b. How many children were country country b. How many children were country country b. How many children were country countr	28 Dumant	ountry)					DUSTRY
14. AGE (at time of this birth) 25 years  15. BIRTHPLACE (State or foreign country) Rupert  16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT inclinde this child) a. How many children were born alive but are now dead?  17. INFORMANT  Mrs Shirley Paoli  18a. LENGTH OF PREG- NANCY 1 LES. OZS. Approximate date  CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT.  24 years  CAUSE OF STILLBIRTH  Da. FETAL CAUSES  LENGTH OF PREG- NANCY 1 LES. OZS. Approximate date  CAUSE OF STILLBIRTH  Da. FETAL CAUSES  LENGTH OF PREG- NANCY 1 LES. OZS. Approximate date  CAUSE OF STILLBIRTH  Da. FETAL CAUSES  LENGTH OF PREG- NANCY 1 LES. OZS. Approximate date  CAUSE OF STILLBIRTH  Da. FETAL CAUSES  LENGTH OF PREG- NANCY 1 LES. OZS. Approximate date  CAUSE OF STILLBIRTH  Da. FETAL CAUSES  LENGTH OF PREG- NANCY 1 LES. OZS. Approximate date  CAUSE OF STILLBIRTH  Da. FETAL CAUSES  LENGTH OF PREG- NANCY 1 LES. OZS. Approximate date  CAUSE OF STILLBIRTH  Da. FETAL CAUSES  LENGTH OF PREG- NANCY 1 LES. OZS. Approximate date  CAUSE OF STILLBIRTH  Da. FETAL CAUSES  LES. OZS. Approximate date  CAUSE OF STILLBIRTH  Da. FETAL CAUSES  LES. OZS. Approximate date  CAUSE OF STILLBIRTH  Da. FETAL CAUSES  LES. OZS. Approximate date  CAUSE OF STILLBIRTH  Da. FETAL CAUSES  LES. OZS. Approximate date  CAUSE OF STILLBIRTH  Da. FETAL CAUSES  LES. OZS. Approximate date  CAUSE OF STILLBIRTH  Da. FETAL CAUSES  LES. OZS. Approximate date  CAUSE OF STILLBIRTH  Da. FETAL CAUSES  LES. OZS. Approximate date  CAUSE OF STILLBIRTH  Da. FETAL CAUSES  LES. OZS. Approximate date  CAUSE OF STILLBIRTH  Da. FETAL CAUSES  LES. OZS. Approximate date  CAUSE OF STILLBIRTH  Da. MARCY  CAUSE OF STILLBIRTH  Da. MARCY  CAUSE  CAUSE OF STILLBIRTH  Da. MARCY  CAUSE  CAUSE OF STILLBIRTH  Da. MARCY  CAUSE  Da. DATE SIGNED  DATE SIGNED  CAUSE  LES. OZS. APPROXIMATION OF PREG- LIVE OF AUTHORIZED OFFICIAL  CAUSE  CAUSE OF STILLBIRTH  LES. OZS. APPROXIMATION OF PREG- LIVE OFFICIAL  CAUSE OF STILLBIRTH  Da. CAUSE OF STILLBIRTH  CAUSE OF STILLBIRTH  CAUSE OF STILL	12. MOTHER'S a. (First)	b. (Middle)			<u> </u>		PACE
A. How many children were born alive but are now dead?    1	NAME Shirley		iec <b>e</b>	Hunsake	r		
S. How many children were children were children were stillbern (born alive but are now dead?   S. How many children were children were stillbern (born dead after 20 weeks pregnancy)?	14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign of Runnary)	1				Do NOT include ti	his child)
Mrs Shirley Paoli  18a. LENGTH OF PREG. 18b. WEIGHT AT BIRTH 24 NANCY WEEKS 1 LBS. OZS. Approximate date  CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Skillbirth, Prematurity, Asphyria, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY  22. STATE ALL OPERATIONS FOR DELIVERY  1 hereby certify that I attended the birth of this child who was born dead on the date stated above at m. Promaturity attended by pregnancy)?  22. STATE ALL OPERATIONS FOR DELIVERY  23a. ATTENDANT'S SIGNATURE (Specify II M. D., midwise, or other) 23b. DATE SIGNED January 5, 1955 at m. V. Signature of Authorized Official Title attended by physician 25b. DATE Signature 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (State)	YEARS YEARS	8	A. How many chil- dren are now living?	b. How many c born alive but are	hildren were now dead?	c. How many O	THER
18a. LENGTH OF PREG. 24 NANCY 1 LBS. OZS. PWAS a standard serological test for syphilis performed? Yes. X. No. Approximate date  CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT) was such terms as Stillbirth, Prematurity, Asphysia, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY  1 hereby certify that I called the birth of this child who was born dead on the date stated above at m. Rupert, Idaho 125c. NAME OF CEMETERY OR CREMATORY 11 NOT stitended by physician 125c. NAME OF CEMETERY OR CREMATORY 125d. LOCATION (City, town, or county) (Stake)  25d. LOCATION (City, town, or county) (Stake)	· · · · · · · · · · · · · · · · · · ·		9	,		(born dead after 2	() weeks
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT) use such terms as Stillbirth, Prematurity, Asphyzia, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  I hereby certify that I attended the birth of this child who was born dead on the date stated above at						C	-
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyria, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  23a. ATTENDANT'S SIGNATURE  attended the birth of this child who was born dead on the date stated above at	24 NANCY 1	stangarg se ximate date	erological test fo	or syphilis pe	rformed?	YesX No	D
Causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphysia, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  23a. ATTENDANT'S SIGNATURE  attended the birth of this child who was born dead on the date stated above at	CAUSE OF STILLBIRTH	-1-1		<del></del>			<del></del>
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  23b. DATE SIGNED attended the birth of this child who was born dead on the date stated above at	State only morbid conditions causing fetal death (do NOT	muly					
I hereby certify that I attended the birth of this child who was born dead on the date stated above at	Prematurity, Asphyxia, etc.)	2 :	_				
I hereby certify that I attended the birth of this child who was born dead on the date stated above at	21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	yanau 2	2. STATE ALL OPERA	TIONS FOR DELL	/EDV		
attended the birth of this child who was born dead on the date stated above at	•			TOTO TON DELI	-CK1		
child who was born dead on the date stated above at	I hereby certify that I   23a. ATTENDANT'S SIGNA	ATURE	(Specify II M. D	., midwife, or other	r)	23b. DATE SIGNE	D
on the date stated above 23c. ATTENDANT'S ADDRESS II NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE at	child who was born dead J D C	llen	my (2)			January	5, 1955
25c. NAME OF CEMETERY OR CREMATORY  25d. LOCATION (City, town, or county)  (State)		att	anded by	URE OF AUTHORI	ZED OFFICIAL		
DATE PECT BY LOCAL DECISIONS CONTROL RESIDENCE C	25a. BURIAL, CREMA- 25b. DATE 25c NAME C			9E+ 1004T(01:	3/5		. X
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS  Jan. 17-53 AND COMMENT OF THE PROPERTY	TION REMOVAL (Specify) Dec30-54 Rug	ent Ci	THE CREMATORY	200. LOCATION (	Jity, town, or o	ounty) (i	state)
the said of the sa	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26	5. FUNERAL DIRECTO	RLL	ADD	ORESS	~
	The second second	16	1100000	NNOON	-	my	21

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